FORM NO. 96
[See rule 158]

Application for Allotment of Permanent Account Number
[For an Entity incorporated outside India / an Unincorporated Entity formed outside India]

S. No.	Part A - Personal Information
1	**Name**
2	**Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons**
3	**Taxpayer Identification Number (TIN)** in the country of residence
4	**Office Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory **PIN/ZIPCODE** **Country/Region**
5	**Communication Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory **PIN/ZIPCODE** **Country/Region**
6	**Status** *(select status as applicable)* ☐ Hindu undivided family ☐ Company ☐ Firm ☐ Association of persons, whether incorporated or not ☐ Body of individuals, whether incorporated or not ☐ Local Authority ☐ Artificial Judicial Person ☐ Government ☐ Trust ☐ Limited Liability Partnership
7	**Registration Number** (for Company, Firm, Limited Liability Partnership, Association of Persons, Body of Individuals , Artificial Juridicial Person and Trust), *if any*
8	**Contact Details** (i) Mobile Number Country Code ☐☐☐☐☐☐☐ Mobile Number ☐☐☐☐☐☐☐☐☐☐ (ii) Email ID (iii) Landline No. with Country/ISD Code and Area/STD Code *(if any)* Country/ISD Code ☐☐☐☐ Area/STD Code ☐☐☐☐ Landline Number ☐☐☐☐☐☐☐☐
	Part B- Source of Income
9	**Source of Income** *(select one or more)* ☐ Salary ☐ Income from Business/Profession ☐ Income from House Property ☐ Capital Gains ☐ Income from Other Sources ☐ No Income
	Part C - Assessing Officer (AO Code)
10	**AO Code Details** (i) Area Code ☐☐☐ (ii) AO Type ☐☐ (iii) Range Code ☐☐☐ (iv) AO No. ☐☐
	Part D- Representative Assessee (RA)/Authorized Representative (AR)
11	**RA / AR Name** **First Name** **Middle Name** **Last Name**
12	**Permanent Account Number** *(if any)*

13	**Aadhaar Number** *(if Permanent Account Number is not available)*	
14	**RA / AR Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**PIN/ZIPCODE** **Country/Region**
15	**Contact Details** (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code (if any)	Country Code Mobile Number Country/ISD Code Area/STD Code Landline Number

Part E: Declaration by Applicant or by Representative Assessee/Authorized Representative on behalf of the Applicant

16 **Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant**

(i) Proof of Identity

(ii) Proof of Address

(iii) Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

17 **Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative**

(i) Proof of Identity

(ii) Proof of Address

Verification & Declaration

a. I, _____ , in the capacity of _____ (Representative Assessee/Authorized Representative) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-tax Act, 2025 if this declaration is found to be incorrect.

Designation_____

Place_____

Date _____

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee or Authorized Representative)

Name:_____

Designation: _____