

FORM NO. 96

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

Part A: Personal Information

1.	Name <i>(Refer Note 1)</i>		
2.	Date of Incorporation/ Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons <i>dd/mm/yyyy</i>		
3.	Taxpayer Identification Number (TIN) in the Country of Residence		
4.	Office Address <i>(Refer Note 2)</i>		
5.	Communication Address <i>(Refer Note 2)</i>		
6.	Status <i>(Refer Note 3)</i>		
7.	Registration Number (for Company, Firm, Limited Liability Partnership, Association of Persons, Body of Individuals, Artificial Juridical Person and Trust), if any		
8.	Contact Details (i) Mobile Number (if any) Country Code Number <i>(drop down)</i> (ii) Email ID (iii) Landline No. with Country/ISD Code and Area/STD Code		

Part B: Source of Income

9.	Source of Income <i>(select one or more)</i>	(i) Salary (ii) Income from Business/Profession (iii) Income from House Property (iv) Capital Gains (v) Income from Other Sources (vi) No Income
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Part C: Assessing Officer (AO Code)

10.	(i) Area Code	
	(ii) AO Type	
	(iii) Range Code	
	(iv) AO No.	

Part D: Representative Assessee/Authorized Representative *(Refer Note 4)*

11.	Name	<i>(Refer Note 1)</i>
12.	Permanent Account Number, if any	
13.	Aadhaar Number (if Permanent Account Number is not available)	
14.	Address	<i>(Refer Note 2)</i>

15.	Contact Details			
	(i)	Mobile Number	Country Code	Number
			(drop down)	
	(ii)	Email ID		
	(iii)	Landline No. with STD Code		

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 (Refer Note 5)		
	(i)	Proof of Identity	(Refer Note 6)
	(ii)	Proof of Address	(Refer Note 6)
	(iii)	Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons	(Refer Note 6)
17.	Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative (Refer Note 5)		
	(i)	Proof of Identity	(Refer Note 6)
	(ii)	Proof of Address	(Refer Note 6)

Verification and Declaration

- a. I,, in the capacity of..... (Self/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 applicant does not possess Permanent Account Number and shall be liable for legal consequences under the Act. 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:

Notes:

1. The name shall be provided in full.
2. The address shall contain i. Country/Region, ii. Flat/Door/Building, iii. Road/Street/ Block/Sector, iv. PIN/ZIP Code, v. Post Office, vi. Area/locality, vii. District, viii. State.
3. Fill status as:
 - i) Hindu undivided family
 - ii) Company
 - iii) Firm
 - iv) Association of persons, whether incorporated or not
 - v) Body of individuals, whether incorporated or not
 - vi) Local Authority
 - vii) Artificial Juridical Person
 - viii) Government
 - ix) Trust
 - x) Limited Liability Partnership
4. Details of Representative Assessee/Authorized Representative having Indian address (except FPIs) is mandatory in Part E.
5. Please refer to the instructions (as specified in rule 158 of Income-tax Rules, 2026) for list of mandatory certified documents to be submitted as applicable.
6. With respect to row 16 & 17, following documents shall be provided as annexures, namely:

Annexure	Particulars
A-1	Proof of Identity
A-2	Proof of Address
A-3	Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

7. Some of the information in the form would be pre-filled to the extent possible.
8. Please refer to the guidelines issued by Director General of Income Tax (Systems) in this behalf.