Request For New PAN Card Or/ And Changes Or Correction in PAN Data

Only Individuals to affix recent photograph (3.5 cm x 2.5 cm)

Sign / Left Thumb Impression across this photo

Only Individuals to affix recent photograph (3.5 cm x 2.5 cm)

Signature/Left Thumb Impression

Permanent Account Number (PAN)

Please read Instructions 'h' & 'i' for selecting boxes on left margin of this form.

1. Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Please select title, ✓ *as applicable* Shri Smt. Kumari M/s

Last Name / Surname

First Name

Middle Name

Name you would like it printed on the PAN card

2. Father's Name (Only 'Individual' applicants: *Even married women should fill in father's name only*)

Last Name / Surname

First Name

Middle Name

3. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day - Month - Year

4. Gender (for Individual applicants only) Male Female *(Please tick as applicable)*

5. Photo Mismatch 6. Signature Mismatch

7. Address for communication Residence Office *(Please tick as applicable)*

Name of office (to be filled only in case of office address)

Flat/Room/ Door / Block No.

Name of Premises/ Building/ Village

Road/Street/ Lane/Post Office

Area / Locality / Taluka/ Sub - Division

Town / City / District

State / Union Territory Pincode / Zip code Country Name

8. If you desire to update your other address also, give required details In additional sheet.

9. Telephone Number & Email ID details

Country code Area/STD Code Telephone / Mobile number

Email ID

10. AADHAAR number (if allotted)

11. Mention other Permanent Account Numbers (PANs) inadvertently allotted to you

PAN 1 PAN 3

PAN 1 PAN 4

12. Verification

I/We , the applicant, in the capacity of

do hereby declare that what is stated above is true to the best of my/our information and belief.

I/We have enclosed (number of documents) in support of proposed changes/corrections.

Place

Date D D - M M - Y Y Y Y

Signature / Left Thumb Impression of Applicant (inside the box)