

Only 'Individuals' to affix recent photograph (3.5 cm × 2.5 cm) Signature/ Left thumb impression across this photo	Request For New PAN Card Or/ And Changes Or Correction in PAN Data Permanent Account Number (PAN) Please read Instructions 'h' & 'i' for selecting boxes on left margin of this form.	Only 'Individuals' to affix recent photograph (3.5 cm × 2.5 cm) Signature/Left Thumb Impression
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☐ **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/Trust Deed/ Formation of Body of individuals or Association of Persons**

Day
Month
Year

☐ **4 Gender** (for 'Individual' applicant 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 2

PAN 3
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

DDMMYYYY

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