

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/ leftThumb 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)

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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 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 / Citi / 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 2		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)