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

Only 'Individuals' to affix recent photograph (3.5 cm × 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/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 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

D D M M Y Y Y Y

Date

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