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

Sign/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 x 2.5 cm)

Signature/Left Thumb Impression

Permanent Account Number

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 **INDIA**

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 of Applicant (inside the box)