

YOU MUST FOLLOW THESE RULES

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)

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SIGNATURE

Permanent Account Number (PAN)

ABCDE1234F

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

Signature/Left thumb impression across this photo

SIGNATURE

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: DD Month: MM Year: YYYY

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

STATE NAME 123456 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) 987654234567

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

PAN 1 PAN 2 PAN 3 PAN 4

12 Verification

I/We APPLICANT NAME, the applicant, in the capacity of H SELF do hereby declare that what is stated above is true to the best of my/our information and belief.
 I/We have enclosed 1 (number of documents) in support of proposed changes/corrections.

Place PLACE
 Date DDMMYYYY

NO. OF XEROX COPIES

SIGNATURE

DON'T TICK 1,2,3 COLUMN BOXES IF NO MODIFICATION/CHANGE

APPLICANT SIGN REQUIRED AT ANY CORRECTION/WHITE FLUOR