| 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) | Permanent Account Number (PAN) | | | | | | | | | | | | Only 'Individuals' to affix recent photograph (3.5 cm × 2.5 cm) | | | | | | | | | | | | | |
| | | DI | 200 | road In | etruction | one il | h, 8 | 'i' for | soloo | ting | hov | /00 0D | loft n | narai | in o | f thi | e for | m | | | | | | | | |
| Please read Instructions 'h' & 'i' for selecting boxes on left margin of this form. Signature/Left thump impression | | | | | | | | | | | | | | | | | | | | | | | | | | |
| across this photo | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Full Name (Full Name) | | | | | itioned | l as a | app | earing | g in p | roof | of i | identit | y/ad | dres | S | | | | | | | | | | | |
| Please select tit | Smt Kumari M/s | | | | | | | | | | | | | Signatu | thump impression | | | | | | | | | | | |
| Last Name / Sur | name | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | | | $\underline{}$ | | | | |
| Name you would like it printed on the PAN card | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 Fother's Nom | (Only 1) | n dividue | l' an | nline nte | o. Eve | | | d wa | <u> </u> | ah ar | .1 4 4 | ill in fe | | | | | 1.4 | | | | | | | | | |
| 2 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only) Last Name / Surname | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | name | | $\overline{}$ | | | + | + | | + | + | + | | | \dashv | \dashv | | | | | | | \dashv | | | | |
| Middle Name | | | | | | + | | | + | + | + | | | \dashv | \dashv | | | | | | | \dashv | | | | |
| | Incorpor | ation/Ag | reem | ent/Pa | rtnersi | hip/T | rus | t Dee | d/ Fo | rmat | ion | of Bo | dv o | f ind | ivid | lual | s or | Ass | oci | atio | n of | Pers | sons | | | |
| Day | 3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons Day Month Year | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Gender (for ' | Individua | al' applic | ant c | only) | | | | Ma | ale | | | Fema | ale | | (P | Pleas | se ti | ick a | is a | nnli | cabl | e) | | | | |
| | 4 Gender (for 'Individual' applicant only) 5 Photo Mismatch | | | | | | | | Male Female (Please tick as applicable) 6 Signature Mismatch | | | | | | | | | | | | | | | | | |
| 7 Address for Communication | | | | | | | | Residence Office (Please tick as applicable) | | | | | | | | | | | | | | | | | | |
| Name of Office (t | | | | | | Τ | | | Sidei | | $\frac{\Box}{\Box}$ | | | | (/ | rea. | | Ch a | 13 a ₁ | PPII | Cabi | -) | \top | Т | \top | 7 |
| | | | e addre | 55) | | | <u> </u> | | \pm | \pm | <u> </u> | $\frac{1}{1}$ | \pm | \pm | <u> </u> | $\frac{1}{1}$ | \pm | | \pm | $\frac{1}{1}$ | \pm | 十 | 十 | <u> </u> | \pm | \exists |
| Flat/Room/ Door / Block No. | | | | | | | | | | + | + | | _ | | $\frac{\perp}{}$ | + | | <u> </u> | + | + | | 井 | 井 | + | _ | \exists |
| Name of Premises/ Building/Village | | | | | | | | | | <u> </u> | | _ | | <u> </u> | <u> </u> | | | <u> </u> | <u> </u> | | \dashv | \dashv | _ | + | _ | |
| Road/Street/ Lane/Post Office | | | | | | | | | | | <u> </u> | | _ | | <u> </u> | _ | | | _ | <u> </u> | _ | \dashv | 4 | _ | <u> </u> | _ |
| Area / Locality / Taluka / Sub- Division | | | | | | | | | \perp | | | | | | | | | | | | | \perp | \perp | | _ | _ |
| Town / City / District State / Union Territory Pincode / Zip code Country Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State / Official fer | itoi y | | | | | | F 1111 | | / Zip (| | | \Box | Journ | iti y iv | Iaiii | <u> </u> | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email ID | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 AADHAAR r | umber (i | if allotted | d) | | | | | \perp | | | | | | | | | | | | | | | | | | |
| 11 Mention other | r Perma | nent Acc | ount | Numb | ers (PA | ANs) | ina | dvert | ently | allo | tted | to yo | u | | | | | | | _ | | | | | | |
| PAN 1 PAN 2 | | | | | | | | | PAN 3 PAN 4 | | | | | | $\frac{1}{1}$ | 1 | + | | 1 | _ | | | | | | |
| 12 Verification | | | | | | | | - | AN 7 | | L | | | | | | | | | | | | | | | |
| 1/We | | | | | | | | 46 | 0.00 | dies | né : | in the | 00- | ole. | C.E | | | | | | | | | | | |
| do hereby | | | | | | | | to the | best | of r | ny/c | | orm | atior | n an | nd b | | | | | | | | | | |
| I/We have | TICIOSEC | ' | (ni | umber | UI 400 | ume | ;11(S | y III S | uppo | 1 L OI | ρro | hose(| u CN | ange | :5/C | Orre | #ULIC | лıS. | | | | | | | | |
| Place | <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | D D | MM | YY | Y Y | Y | | | | | | | | | | | | | | | | | | | | | |
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