Request For New PAN Card Or/ And Changes Or Correction in PAN Data



Permanent Account Number (PAN)

AXJP # 4 9 3 5 K





Please select title, as applicable Shri Sm Kuman Ms Sygular Lidit Punk repression Last Name Sumane H 0 S S S S S S S S S	1 Full Name (Full expanded documents: initials are n		ioned as a	ppearing	g in proof of ident	ity/address	- ७४१	पेवल २४२
Last Name / Sumane Middle Name Middle Name More you would like it printed on the PAN card Ame you would like it printed on the PAN card I Default of the printed on the PAN card I Default of the printed on the PAN card I Default of the printed women should fill in father's name only) Last Name / Sumane First Name Middle Name Mother's Name (optional) Last Name / Sumane First Name Middle Name Mother's Name (optional) Last Name / Sumane Mother's Name (optional) Association of Persons Day Month Vear Last Name / Sumane Please tick as applicable) Residence Office optional (Please tick as applicable) Name of Office	Please select title, 🗸 as	applicable St	nri	Smt	Kumari	M/s	Signature	e / Left thumb impression
First Name Micide Name Name you would like it printed on the PAN card DP D L H G U E	Last Name / Surname	HO	QUE					
Mane you would like it printed on the PAN card	First Name							
2 Details of Parents (applicable only for Individual applicants) Father's Name (Mandatory, Even married women should fill in father's name only) Last Name / Sumame First Name Middle Name Parther's Name Middle Name Parther's Name Please tick as applicable) Photo Mismatch 7 Address for Communication Residence Office (Please tick as applicable) Name of Premises/ Building/Village Road/Street/ Lane/Post Office Are 1 Locality/ Tabluka / Sub Division Town / City / District Name of Premises/ Building/Village Road/Street/ Lane/Post Office Area 1 Locality/ Tabluka / Sub Division Town / City / District Place Telephone Number & Email ID details Country code Area Street bunder your other address also, give required details in additional sheet. 9 Telephone Number & Email ID details Country code Area Street Lane/Post Office Area Intention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 10 AADHAAR number (# allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 2 Verification IVE ARY AND ANDHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 2 Verification IVE ARY ANDHAAR letter/card 10 D D M W Y Y Y Y Date Signature / Lett Thumb Impression of	Middle Name							
2 Details of Parents (applicable only for Individual applicants) Father's Name (Mandatory, Even married women should fill in father's name only) Last Name 1/0 5 A / N First Name 1/0 5 A / N Mother's Name (Optional) Last Name / Surname 1/0 5 A / N Mother's Name (Optional) Last Name / Surname 1/0 5 A / N Mother's Name (Optional) Last Name / Surname 1/0 5 A / N Mother's Name (Optional) Last Name / Surname First Name Mother's Name (Optional) Last Name / Surname Mother's Name Mother's Nam	Name you would like it prin	ted on the PAN car	d					**
Last Name / Sumame Hold S A / N Last Name Sumame Hold S A / N First Name Mother's Name (optional) Last Name / Sumame Hold S A / N Mother's Name (optional) Last Name / Sumame Hold Hold Name Note Hold Name Middle Name Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (in case no option is provided the PAN card will be issued with tather's name Mother's N	OPIDO	L HOB	UE					
Last Name / Sumame Hold S A / N Last Name Sumame Hold S A / N First Name Mother's Name (optional) Last Name / Sumame Hold S A / N Mother's Name (optional) Last Name / Sumame Hold Hold Name Note Hold Name Middle Name Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (in case no option is provided the PAN card will be issued with tather's name Mother's N	2 Details of Parents (applic	able only for Indivi	idual appli	icants)				
Last Name (Surname First Name Middle Name Mother's Name (potional) Last Name/ Surname First Name Mother's Name (potional) Last Name/ Surname First Name Middle Name Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (In case no option is provided then PAN card will be issued with father's name Father's Name Mother's Name (Please tick as applicable) 3 Date of BirthIncorporation/AgreementPartnership/Trust Deed/ Formation of Body of individuals or Association of Persons Day Month Vear [2] [1] [2] [3] [4] [4] [5] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6					ather's name only	v)		
First Name Middle Name Middle Name Middle Name Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (In case no option is provided then PAN card will be issued with father's name Middle Name Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (In case no option is provided then PAN card will be issued with father's name Middle Na								
Mother's Name (optional) Last Name / Sumame First Name Middle Name Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (In case no option is provided then PAN card will be issued with father's name	First Name							
Last Name / Surname First Name Middle Name Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (Incae no option is provided then PAN card will be issued with father's name Father's Name Mother's Name (Please tick as applicable) 3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons Day Month Year 24 Gender (for 'Individual' applicant only) Male Female Transgender (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 field enly in case of office address) Flat/Room/ Door / Block No. Name of Premises/ Building/Village SH/1 T P P R R R Road/Street/ Lane/Post Office SH/1 SH/2 R R R R R R R R R R R R R R R R R R R	Middle Name	1 100						
Last Name / Surname First Name Middle Name Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (Incae no option is provided then PAN card will be issued with father's name Father's Name Mother's Name (Please tick as applicable) 3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons Day Month Year 24 Gender (for 'Individual' applicant only) Male Female Transgender (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 field enly in case of office address) Flat/Room/ Door / Block No. Name of Premises/ Building/Village SH/1 T P P R R R Road/Street/ Lane/Post Office SH/1 SH/2 R R R R R R R R R R R R R R R R R R R	Mother's Name (optional)							
Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (In case no option is provided then PAN card with be issued with father's name			ПП	III		TITI		
Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (In case no option is provided then PAN card with be issued with father's name	First Name							
Select the name of either father or mother which you may like to be printed on PAN card (Select one only) (In case no option is provided then PAN card will be issued with father's name					++++	++++		
In case no option is provided then PAN card will be issued with father's name		ther or mether wh	iah way m	av lika te	a ha unintad au D	AN and (Cale		
Day Month Year 4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication 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 3 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 Fleiphone / Mobile number Tyling of Tyling								(Please tick as applicable)
4 Gender (for 'Individual' applicant only) 5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filed 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 State / Union, Territory Pincode / Zip code Country Name Telephone Number & Email ID details Country code Area/STD Code Telephone / Mobile number Email ID ADDHAAR number (if allotted) Name as per ADDHAAR letter/card In Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification IVM ADDHAAR letter/card In Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification IVM ADDHAAR letter/card In Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification IVM ADDHAAR letter/card In Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification IVM ADDHAAR letter/card In Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification IVM ADDHAAR letter/card In Mention other Permanent Account Numbers of documents) in support of proposed changes / corrections. Place Signature / Lett Thumb Impression of Signature / Lett Thumb Impression of	3 Date of Birth/Incorporatio	n/Agreement/Partn	ership/Tru	st Deed/	Formation of Bo	dy of individu	ials or Association	of Persons
5 Photo Mismatch 6 Signature Mismatch 7 Address for Communication Name of Office (to be filed 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 7 Si fly 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 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification IVE A Deep And A State above is true to the best of my/our information and belief. IVE have enclosed I (number of documents) in support of proposed changes / corrections. Place Signature / Left Thumb Impression of Signature / Left Thumb	Day Month	Year						
6 Signature Mismatch 7 Address for Communication Residence Office (Please tick as applicable) Name of Office (to be filed 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 3 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 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We A. Deep A.		applicant only)	M	ale	Female	Transger	nder <i>(Ple</i>	ease tick as applicable)
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 7 R 3 3 4 8 1/N D A 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 7 9 0 7 1 2 0 1 5 7 8 9 8 9 9 10 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We Area/STD Code Telephone / Mobile number 7 9 0 7 1 2 0 1 5 7 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9								
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 ASS AM 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 T 9 0 7 1 2 0 1 5 7 Email ID AADHAAR number (if allotted) Name as per AADHAAR letter/card OPI DIV HOO VE 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We A Road Man A Country of Down of proposed changes / corrections. Place Sapatrom D D M M Y Y Y Y Date Signature / Left Thumb Impression of				<u> </u>				
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 Telephone Number & Email ID details Country code Area/STD Code Telephone / Mobile number Femail ID Country code Area/STD Code Telephone / Mobile number The political form other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We A Dear Man Ad The PAN 2 PAN 2 PAN 3 PAN 4 Selfedo 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 Sepand Stram D D M M Y Y Y Y Signature / Left Thumb Impression of	7 Address for Communicat	ion	\	Resi	idence Office	e (Ple	ase tick as applica	able)
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 ASS AM 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 H 1	Name of Office (to be filled only in	case of office address)					1 -	1- 1-
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 ASS AM 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 H 1	Flat/Room/ Door / Block No.		6/1	Ö	MO 410	4055	AIN	
Road/Street/ Lane/Post Office Area / Locality / Taluka / Sub- Division Town / City / District State / Union, Territory Pincode / Zip code Country Name ASSAM 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 ORDADAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification 12 Verification 13 Verification 14 Verification 15 Verification 16 Verification 17 Verification 18 Jacob Total Address also, give required details in additional sheet. 9 Telephone / Mobile number Telephone / Mobile number	Name of Premises/ Building/	/illage	1	BH				
Area / Locality / Taluka / Sub- Division Town / City / District State / Union, Territory Pincode / Zip code Country Name ASS AM B 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 H971 Email ID OBJORAN 9 (COMMAN) COM 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card PAN 1 12 Verification I/We A Deep Man Ad— , the applicant, in the capacity of 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 Signature / Left Thumb Impression of				GLI		DI		
Town / City / District State / Union Territory Pincode / Zip code Country Name A 5 2 A M 7 8 1 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 H 7 9 0 7 1 2 0 1 5 7 Email ID Cas of pan 9 (Common) - Com 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 PAN 2 PAN 3 PAN 4 12 Verification I/We A Deap Man da , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place Sapa strain D D M M Y Y Y Y Signature / Left Thumb Impression of			A	7//				
State / Union Territory Pincode / Zip code Country Name ASS PM 3 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 T 9 0 7 / 2 0 / 5 7 Email ID Candpan 9 / Cognan Com 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We A Deap Monda Com I/We A Deap Monda Com I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place D D M M Y Y Y Y Date Signature / Left Thumb Impression of		DIVISION		LH	SIPAK	H		
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 T 9 0 7 / 2 0 / 5 7 Email ID Carolan 9 (Rogman Com 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 PAN 2 PAN 3 12 Verification I/We A PAN 2 PAN 3 12 Verification I/We A PAN 4 PAN 4 13 Verification I/We have enclosed 1 (number of documents) in support of proposed changes / corrections. Place Capa STCam D D M M Y Y Y Y Y Date Signature / Left Thumb Impression of								
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 T 9 0 7 1 2 0 1 5 7 Email ID Cas apan 9 (Cogman) Com 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card PAN 1 PAN 2 PAN 3 PAN 4 12 Verification I/We A Deap Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I number of documents) in support of proposed changes / corrections. Place D M M Y Y Y Y Date Signature / Left Thumb Impression of					code / Zip code			
9 Telephone Number & Email ID details Country code Area/STD Code Telephone / Mobile number Final ID Carolpan 9 (Commou), Comm 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 PAN 2 PAN 3 12 Verification I/We A Dep Man		ur other address a	leo give r				שות	
Country code Area/STD Code Telephone / Mobile number T 9 0 7 1 2 0 1 5 7 Email ID			iso, give i	equilep c	details in addition	ai Sileet.		
Email ID Cas Chan 9 (Com 10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 PAN 2 PAN 3 PAN 4 12 Verification I/We A Deep Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place Sapatram D D M M Y Y Y Y Signature / Left Thumb Impression of								
10 AADHAAR number (if allotted) 250 72 4832322 Name as per AADHAAR letter/card	Country code	Area/SID Cod	ie	Telep				
10 AADHAAR number (if allotted) Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We A. Deap Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place Sapat stram D D M M Y Y Y Y Signature / Left Thumb Impression of	7/11		•	1	1 4	1151		
Name as per AADHAAR letter/card 11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We A. Deap Manda , the applicant, in the capacity of 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 Sapa stram D D M M Y Y Y Y Signature / Left Thumb Impression of			1(eng	may				
11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We A Deep Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place Sapagram D D M M Y Y Y Y Signature / Left Thumb Impression of			U	250	174838	3/3/2/2		
11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you PAN 1 12 Verification I/We A Deep Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place D D M M Y Y Y Y Signature / Left Thumb Impression of	Name as per AADHAAR lette				·			
PAN 1 12 Verification I/We A Dep Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place D D M M Y Y Y Y Signature / Left Thumb Impression of	UPIDUL	4000		+++				
PAN 1 12 Verification I/We A Dep Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place D D M M Y Y Y Y Signature / Left Thumb Impression of			+++	+++				
PAN 1 12 Verification I/We A Dep Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place D D M M Y Y Y Y Signature / Left Thumb Impression of	11 Montion other Derman	Account Number	/DAN-V:	vadus ====	athy allotted to		•	
12 Verification I/We A. Deep Manda—, the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. I/We have enclosed I (number of documents) in support of proposed changes / corrections. Place Sapagram D D M M Y Y Y Y Signature / Left Thumb Impression of		A STATE OF THE PARTY OF THE PAR	(FANS) II	iauverter		<u>, </u>	T BAN 4	
We A Deep Manda , the applicant, in the capacity of declare that what is stated above is true to the best of my/our information and belief. We have enclosed (number of documents) in support of proposed changes / corrections. Place Sapa gram D D M M Y Y Y Y Y Signature / Left Thumb Impression of		FAN 2[FAN 3		PAN 4	
I/We have enclosed (number of documents) in support of proposed changes / corrections. Place Sapatgram D D M M Y Y Y Y Date Signature / Left Thumb Impression of	I/We A, Deep	Mandal-		, the app	licant, in the capa	acity of Re	presentative	Assessed hereby
Place Sapargram D D M M Y Y Y Y Signature / Left Thumb Impression of			11/1/1	-				
Place Sapat gram D D M M Y Y Y Y Date Signature / Left Thumb Impression of	I/we have enclosed [(no	umber of document	(s) in supp	ort of pro	posed changes /	corrections.	MINIM	2 D
D D M M Y Y Y Y Date Signature / Left Thumb Impression of	Place Sapa	gram						•
Date Signature / Left Thumb Impression of							* * * * * *	
ADDRESON MISIDE THE PORT	Date							



अमिर्न २१



व्यक्तियम २००