Recent colour photograph.of the applicant (4.5 cm x 3.5 cm) with Sign/Left thumb impression across the photo of the applicant

**Request For Changes Or Correction in PAN Data Or/And reprint of PAN Card**
**[For an Individual]**

**Permanent Account Number (PAN)**

**Aadhaar Number**

Recent colour photograph. of the applicant (4.5 cm x 3.5 cm)

| | Tick Box | Part A - Personal Information | |
|---|---|---|---|
| 1 | ☐ | **A. Name**<br>**First Name**<br>**Middle Name**<br>**Last Name** | |
| | | **B. Name (As per Aadhaar)** | |
| 2 | ☐ | **Gender**<br>(Please select as applicable) | ☐ Male<br>☐ Female<br>☐ Transgender |
| 3 | ☐ | **Date of Birth** | D D M M Y Y Y Y |
| 4 | ☐ | **Address**<br>Flat/Door/Building<br>Road/Street/ Block/Sector<br>Post Office<br>Area/Locality/Town/City<br>District<br>State/Union Territory | ☐ Residence ☐ Office **(Select One)**<br>**Country/Region** **PIN/ZIPCODE** |
| 5 | ☐ | **Passport Number** | |
| 6 | ☐ | **Taxpayer Identification Number in the country of residence** | |
| 7 | ☐ | **Contact Details**<br>(i) Mobile Number<br>(ii) Email ID<br>(iii) Landline No. with ISD/STD Code (if any) | Country Code Number |
| | | **Part B - Details of Parents** | |
| 8 | ☐ | **Father's name**<br>**First Name**<br>**Middle Name**<br>**Last Name** | |

| | | | |
|---|---|---|---|
| 9 | ☐ | **Mother's Name**<br>**First Name**<br>**Middle Name**<br>**Last Name** | |
| 10 | | **Name of parent to be printed on Permanent Account Number card**<br>(Select one) | ☐ Father<br>☐ Mother |

**Part C: Declaration by Applicant or by Representative Assessee on behalf of the Applicant**

11 **Documents submitted as Proof of Identity, Proof of Address , Proof of Date of Birth of the Applicant & Proof of Change in support of proposed changes / corrections requested by the Applicant.**

- ☐ (i) Proof of Identity
- ☐ (ii) Proof of Address
- ☐ (iii) Proof of Date of Birth
- ☐ (iv) Documentary proof in support of other changes
- ☐ (v) Copy of PAN

***Verification & Declaration***

a. I, ....., in the capacity of .....(Self/Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place.....
Date.....

*(* Signature /Left Hand Thumb Impression of Applicant or Representative Assessee*)*