

## Request For Changes Or Correction in PAN Data [For an Individual]

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

**Permanent Account Number (PAN)**

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**Aadhaar Number**

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

Sr. No.	Tick Box	PART A - Personal Information
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<b>1.</b>	<input type="checkbox"/>	<b>A. Name</b>																					
		First Name	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
		Middle Name	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
		Last Name	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

<input type="checkbox"/>	<b>B. Name (as per Aadhaar)</b>																					
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<b>2.</b>	<input type="checkbox"/>	<b>Gender (select one)</b>	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender
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<b>3.</b>	<input type="checkbox"/>	<b>Date of Birth</b>	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

<b>4.</b>	<input type="checkbox"/>	<b>Address</b>																					
		<input type="checkbox"/> Residence <input type="checkbox"/> Office <i>(select one)</i>																					
		Flat/Door/Building	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
		Road/Street/Block/Sector	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
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		Area/Locality/Town/City	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
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		State/Union Territory	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
		Country/Region	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
		PIN / ZIP CODE	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

<b>5.</b>	<input type="checkbox"/>	<b>Passport Number</b>	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

<b>6.</b>	<input type="checkbox"/>	<b>Taxpayer Identification Number in the Country of Residence</b>	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

<b>7.</b>	<input type="checkbox"/>	<b>Contact Details</b>																																									
		(i) Mobile Number	Country Code <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td></tr></table> Mobile Number <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																								
		(ii) Email ID	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																								
		(iii) Landline No. with Country/ISD Code and Area/STD Code (if any)	Country/ISD Code <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Area/STD Code <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																								
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PART B - Details of Parents
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<b>8.</b>	<input type="checkbox"/>	<b>Father's First Name</b>	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
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<b>9.</b>	<input type="checkbox"/>	<b>Mother's First Name</b>	<table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
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<b>10.</b>	<input type="checkbox"/>	<b>Name of parent to be printed on Permanent Account Number card (select one)</b>	<input type="checkbox"/>	Father	<input type="checkbox"/>	Mother
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Part C: Declaration by Applicant or by Representative Assessee on behalf of the Applicant
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<b>11.</b>	<b>Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Birth of the Applicant &amp; Proof of Change in support of proposed changes / corrections requested by the Applicant</b>
	<input type="checkbox"/> (i) Proof of Identity <input type="checkbox"/> (ii) Proof of Address <input type="checkbox"/> (iii) Proof of Date of Birth
	<input type="checkbox"/> (iv) Documentay proof in support of other changes <input type="checkbox"/> (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)