

**Request For Changes Or Correction in PAN Data  
[For Non-Individual]**

Permanent Account Number (PAN)									

Registration Number									

<b>Sr. No.</b>		<b>Tick Box</b>		<b>Part A - Personal Information</b>									
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<b>1.</b>		<input type="checkbox"/>	<b>Name</b>	<table border="1"> <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></tr> <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></tr> <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></tr> </table>																																													

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<b>3.</b>		<input type="checkbox"/>	<b>Office Address</b>	<table border="1"> <tr> <td>Flat/Door/Building</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Road/Street/Block/Sector</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Post Office</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Area/Locality/Town/City</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>District</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>State/Union Territory</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Country/Region</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>PIN / ZIP CODE</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>										Flat/Door/Building												Road/Street/Block/Sector												Post Office												Area/Locality/Town/City												District												State/Union Territory												Country/Region												PIN / ZIP CODE											
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<b>4.</b>		<input type="checkbox"/>	<b>Taxpayer Identification Number in the country of residence</b>	<table border="1"> <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> </tr> </table>																					

<b>5.</b>		<input type="checkbox"/>	<b>Contact Details</b>	<table border="1"> <tr> <td>(i) Mobile Number</td> <td>Country Code</td> <td> </td><td> </td><td> </td> <td>Mobile Number</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>(ii) Email ID</td> <td colspan="11"> <table border="1"> <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> </tr> </table> </td> </tr> <tr> <td>(iii) Landline No. with Country/ISD Code and Area/STD Code (if any)</td> <td>Country/ISD Code</td> <td> </td><td> </td><td> </td><td> </td> <td>Area/STD Code</td> <td> </td><td> </td><td> </td><td> </td> <td>Landline Number</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										(i) Mobile Number	Country Code				Mobile Number							(ii) Email ID	<table border="1"> <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> </tr> </table>																							(iii) Landline No. with Country/ISD Code and Area/STD Code (if any)	Country/ISD Code					Area/STD Code					Landline Number						
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<b>PART B- Declaration by Applicant</b>											
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<b>6. Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant</b>											
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- |   |   |
|---|---|
| <input type="checkbox"/> (i) Proof of Identity  | <input type="checkbox"/> (iii) Proof of Address |
| <input type="checkbox"/> (ii) Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons | <input type="checkbox"/> (iv) Proof of PAN      |

<b>Verification &amp; Declaration</b>											
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a. I, ....., in the capacity of .....do hereby declare that what is stated above is true to the best of my knowledge and belief.

Designation.....

Place.....

Date.....

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