

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 [For an Individual]

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

[illegible]

Aadhaar Number								

Sr. No.	Tick Box	PART A - Personal Information																				
1.	☐	A. Name																				
		First Name																				
		Middle Name																				
		Last Name																				
	☐	B. Name (as per Aadhaar)																				
2.	☐	Gender (select one)		☐ Male	☐ Female	☐ Transgender																
3.	☐	Date of Birth		d	d	m	m	y	y	y	y											
4.	☐	Address																				
		☐ Residence		☐ Office		(select one)																
		Flat/Door/Building																				
		Road/Street/Block/Sector																				
		Post Office																				
		Area/Locality/Town/City																				
		District																				
		State/Union Territory					Country/Region					PIN / ZIP CODE										
5.	☐	Passport Number																				
6.	☐	Taxpayer Identification Number in the Country of Residence																				
7.	☐	Contact Details																				
(i)		Mobile Number					Country Code			Mobile Number												
(ii)		Email ID																				
(iii)		Landline No. with Country/ISD Code and Area/STD Code (if any)					Country/ISD Code			Area/STD Code												
		Landline Number																				

PART B - Details of Parents

[illegible]

10. Name of parent to be printed on Permanent Account Number card (select one)	☐ Tick	Father	☐ Tick	Mother
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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) Documentay 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)