S FILL RED COL	OURED DATA CO	MPULSORY , INCASE OF ANY PER	NALTY WE ARE	NOT RESPOSIB
A COLUMN COLUMN	Request For New F	PAN Card Or/ And Changes Or Correction	on in PAN Data	
Applicant	1 (0) (a-1000) (a)			Applicant
Signature /	e / 4 TH LETTER = PERSONAL / INDIVIDUAL			Applicant
Thumb		T		Photo
Impression		Permanent Account Number (PAN)		1 11010
Across This		ABCPE1234F		Only
ACIUSS IIIIS	Male	Female Un-Married Women		· · · · · ·
Photo	₩aic	A A		
			Applicant 9	Signature /
	tials are not permitted)	tioned as appearing in proof of identity/address	Thumb Impr	
Please select title		hri Smt Kumari Mis		coolon omy
Last Name / Surna	me ABCD		'TTTTT	
First Name	MNOPQ			
Middle Name	XYZ			
Name you would I	ike it printed on the PAN car	rd		
ABCD	MNOPQ XY	Z		
	MNOPQXY	Z ABCD		
2 Details of Paren	ts (applicable only for Indiv	ridual applicants) Applicant n	ame can also w	rite like this
Father's Name (M	andatory. Even married wo	men should fill in father's name only)		
Last Name / Surna				
First Name	PQRST			
Middle Name	UVWXYZ			
Mother's Name (o		SAME STANKS IN THE STANKS	100000 001	n 5
Last Name / Surna	me PQRST UV	WXYZ ABCD Father Name \	Will display on F	ancard
First Name			5.	
Middle Name				
Select the name of	f either father or mother wh	hich you may like to be printed⊿n PAN card (Sele	ect one only)	
(In case no option is	provided then PAN card will be	e issued with father's name) Father's Name	Mother's Name (Ple	ase tick as applicable)
3 Date of Birth/Inc	orporation/Agreement/Parti	nership/Trust Deed/ Formation of Body of individu	als or Association of Po	ersons
Day	Month Year			
	01 0001			
1000	dividual' applicant only)	Male Female (Ple	ase tick as applicable)	
5 Photo Mismatcl				
6 Signature Mism				
7 Address for Co	mmunication	Residence Office (Ple	ase tick as applicable)	
Name of Office (to b	c filled only in case of office address)			
Flat/Room/ Door / I	Block No.	DOOR NO		
Name of Premises	/ Building/Village	ST REET/LANE		
Road/Street/ Lane/	Post Office	COLONY		
Area / Locality / Tal		0020111		
E40000000000 DECOMBRIDADE €200 00000		CITY/TOWN		
Town / City / Distric		DIISIT RICT		
State / Union Territ	TATE NAME	Pincode / Zip code Country Na	INDIA	
		also, give required details in additional sheet.	INDIA	
	ber & Email ID details	and, give required details in additional process		
The state of the s		de Teleskans (Makila monthes		
Cour	ntry code Area/STD Co	Telephone / Mobile number		
Email ID				
Email ID st	eelcity.visakhapatnam@			
Name as per AADI		1 2 3 4 5 67 8 9 1 2 3		
	NOPQ XYZ	*Incase of No Pan Proof (Pan	card Xerox / Pan A	Allotment Letter)
	11 × 1 × 1 × 1	then you have to write on Appl	ication as " coop	EEEODT BACIC II
		then you have to write on Appl	ication as GOOD	EFFURI BASIS "
11 Mention other F	ermanent Account Number	rs (PANs) inadvertently allotted to you		
		CANCEL PAN NO PAN 3 SURRENDER I	PAN NO PAN 4 SU	RRENDER PAN NO
12 Verification			Male / Femal	0
	oplicant name		Himself / Herse	elf do hereby
		the best of my/our information and belief.	1000	
I/we have enclos	ea 2 (number of documen	nts) in support of proposed changes / corrections.	Applicant	Signature /
Place	City / Town / Di	strict		
	DDMMYYYY		Thumb Imp	ression Only
Date	01010001	Ack Receipt Generated date		