



Application Number: **U-K001198331**

Payment Reference: **PY0004794228**

Inward Number Bar Code

Payment Date: **06/09/2023 12:25:17**

User ID: **OMGA995-OMG204**

Amount: **Rs.:107.00/-**

Application Date: **06/09/2023**

User Name: **OMGA995-OMG204**

Application Source: **PSA - FYV - OMG ACTIVE INDIA**

PAN Card Mode: **Both physical PAN and e-PAN Card**

Application Mode: **Physical Application**

Request For New PAN Card Or/ And Changes Or Correction in PAN Data

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Permanent Account Number (PAN)

E P E P K 9 4 0 7 L

Please read Instructions 'h' & 'i' for selecting boxes on left margin of this form.

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

Signature/Left thumb impression across this photo

Signature/Left thumb impression

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Please select title, as applicable Shri Smt Kumari M/s

Last Name / Surname **K A P O O R**

First Name **S A K S H I**

Middle Name

Name you would like it printed on the PAN card

S A K S H I K A P O O R

2 Details of Parents (applicable only for individual applicants),
Father's Name : (Mandatory, Even married women should fill in father's name only)

Last Name / Surname **S E K H R I**

First Name **K A M A L**

Middle Name

Mother's Name (optional)

Last Name / Surname

First Name

Middle Name

Select the name of either father or mother which you may like to be printed on PAN card (select one only)

(In case no option is provided then PAN card will be Issued with father's name) Father's name Mother's Name (Please tick as applicable)

3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons

Day **1 0** Month **0 5** Year **1 9 8 1**

4 Gender (for 'Individual' applicant only) Male Female Transgender (Please tick as applicable) 5 Photo Mismatch

6 Signature Mismatch 7 Address for Communication Residence Office (Please tick as applicable)

Name of Office (to be filled only in case of office address)

Flat/Room/ Door / Block No. **H N O . 2 0**

Name of Premises/ Building/Village **S O D A L R O A D**

Road/Street/ Lane/Post Office **A S H O K V I H A R**

Area / Locality / Taluka / Sub- Division **J A L A N D H A R - I**

Town / City / District **J A L A N D H A R**

State / Union Territory **PUNJAB** Pincode / Zip code **1 4 4 0 0 4** Country Name **INDIA**

8 If you desire to update your other address also, give required details in additional sheet.

9 Telephone Number & Email ID details

Country code **9 1** Area/STD/Code **9 8 1 5 8 8 5 0 0 7** Telephone / Mobile number

Email ID **sushant Kapoor881@gmail.com**

10 AADHAAR number (if allotted) **6 4 3 6 8 8 1 9 6 8 1 9**

Name as per AADHAAR letter/card **S A K S H I K A P O O R**

11 Mention other Permanent Account Numbers (PANs) inadvertently allotted to you

PAN 1 PAN 2 PAN 3 PAN 4

12 Verification

I/We , the applicant, in the capacity of
do hereby declare that what is stated above is true to the best of my/our information and belief.

I/We have enclosed (number of documents) in support of proposed changes/corrections.

Place

	D	D	M	M	Y	Y	Y	Y
Date	0	6	0	9	2	0	2	3

Signature / Left Thumb Impression of Applicant (inside the box)