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Request For New PAN Card Or/ And Changes Or Correction in PAN Data																															
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Please read Instructions 'h' & 'i' for selecting box										ove	s or	left	eft margin of this form																		
Signature/Left thumb impression across this photo																															
1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address																															
documents: initials are not permitted)																															
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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																												8			
First Name																															
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Mother's Name (optional) Last Name / Surname								T	Т		T	T	Т	T	T	T	T	T	Т	1	T		Т	T	Τ	Ī	T				
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(In case no c													aune	ersi	iam	Da:	 y		lner Vlon		me	Ь,	Yea		ISIN	am	B (P	lease	nck a	s app	licable)
3 Date of Birth/Incorporation/Agreement/Partnership/Trust Deed/ Formation of Body of individuals or Association of Persons																															
4 Gender (for 'Individual' applicant only)							Male Female Transgender (Please tick as applicable											5 Photo Mismatch						h							
6 Signature Mismatch 7 Addre						dres	ress for Communication Residence C										Off	ice			(Plea	lease tick as applicable)									
Name of Office (to	be filled only	in ca	ase of o	ffice add	ress)										7. 11.5													10			
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State / Union Territory										Pine	code	/ Zi	р со	de			Cou	ntry	Na	me									_		
8 If you desire to update your other address also, give required details In additional sheet.																															
9 Telephone Nu	mber &	Em	nail II	D deta	ails		Cou	intry	code	1	Are	a/S	TD/C	Code	В		1	1	Tel	epho	one	/ Mo	bile	nu	mbe	r					7
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10 AADHAAR number (if allotted)																															
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11 Mention other	Perma	ne	nt Ac	coun	t N	umb	ers	(PA	Ns)	ina	dver	tent	ly a	llott	ed t	o y	ou		_						1				ш	10	
PAN 1					PAN	2							I	PAI	N 3								PA	AN 4							

12 Verification , the applican	t, in the capacity of
do hereby declare that what is stated above is true to the best of my	
I/We have enclosed (number of documents) in support of p	
Place	
D D M M Y Y Y Y	
Date	Signature / Left Thumb Impression of Applicant (inside the box)
	digitatare / Left Thamb impression of Applicant (inside the box)