

Sign/ Left Thumb impression



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

Permanent Account Number (PAN)

AMYPN7530J

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



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	Fi	irst Nam	пе		NEH	Α												
		liddle Na																
			would like it pr	rinted on th	ne PAN	card												
			ADHWA					4.3										
	W If (p Fa La	If yes,please fill in mother's name (please tick as applicable)				and you wish to apply for PAN by furnishing the name of your mother only? The appropriate space provided below. Where mother is a single parent and PAN is applied by furnishing the name of mother only) KUMAR VIRENDER												
	M	liddle Na	ame															
	Mo	other's	Name (Optiona	l except w	here m	other is	s a sing	jle paren	nt and F	PAN is a	pplied	by fur	nish	ing the r	name c	f mothe	r only)	
	La	st Nam	e/Surname															
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			o option is prov y furnishing na				l be iss	ued with	father	's name	except	wher	e mo	other is a	a singl	e parent	and you	wish to apply
7			y furnishing na th/Incorporatio				o or Tri	ust Deed	/ Form	ation of	Body o	of indiv	vidu	als or as	sociat	ion of Pe	ersons	
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			n / Door / Block	No	CB-32C SHALIMAR BAGH													
		Name of Premises / Building / Village Road / Street / Lane/Post Office			Ondin	nai Da	9''											
			ality / Taluka/ Su															
			y / District	ab Division		West [Delhi											
			on Territory	P	IN Code		Jenn	ZIP Code				Country Name			me	ne		
	_	ELHI	,		0088			n	ull	<i>y</i>			II	NDIA	10.7.1400			
	8. If yo	ou desi	re to update yo	ur other ac	ddress	also, gi	ive req	uired de	tails In	addition	nal she	et.						
	9. Tele	ephone	Number & Ema	ail ID detail	ls													
		-	ountry code			А	rea/ST[) Code						Telepho	one / M	obile nur	mber	
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1	0. Plea	ase mer	ntion your AAD						Г	XXXXXX	XX7009)						
	Name a	as per A	ADHAAR letter/	card	NE	HA WA	ADHWA											
1	1. Mer	ntion ot	her Permanent	Account N	lumber	s (PAN	s) inad	vertently	/ allotte	ed to you	u							
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		I/We NEHA WADHWA the applicant, in the capacity of Himself/Herself																
		do hereby declare that what is stated above is true to the best of my/our information and belief.																
	belief. I/We have enclosed																	
			rrections.	l (nur	mber of	docum	ents) in	support	of prop	osed								
	changes/corrections. 1 (number of documents) in support of proposed Place NEW DELHI																	
				MM	YYYY													
	Dat	te	26/07/202	22										S	ignatu	re / Left 7	Thumb Im	pression of
1																		

13. Other Address :				
Name of office				
Flat / Room / Door / Block No.				
Name of Premises / Building / Village				
Road / Street / Lane/Post Office				
Area / Locality / Taluka/ Sub- Division Town / City / District				
		710.0.1		Country Name
State / Union Territory	PIN Code	ZIP Code		Country Name
				Signature / Left Thumb Impression of
				Applicant (inside the box)
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