

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



Permanent Account Number (PAN)

E X N P S 2 8 3 7 F

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

FARZANA

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	SHAIKH
First Name	FARZANA
Middle Name	RAFIQUE

Name you would like it printed on the PAN card

FARZANA RAFIQUE SHAIKH

☐ **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	SHAIKH
First Name	RAZA
Middle Name	ALI

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 01 **Month** 02 **Year** 1981

☐ **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.	SANJAY NAGAR BANJARACHAWL
Name of Premises/ Building/Village	BAIGANWADI
Road/Street/ Lane/Post Office	NEAR NEW BUS DEPO
Area / Locality / Taluka / Sub- Division	GOVANDI
Town / City / District	MUMBAI

State / Union Territory: MAHARASHTRA | Pincode / Zip code: 400043 | 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 +91 **Area/STD Code** **Telephone / Mobile number** 9892702995

Email ID RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 659454632372

Name as per AADHAAR letter/card

FARZANA RAFIQUE SHAIKH

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

PAN 1 **PAN 2** **PAN 3** **PAN 4**

12 Verification

I/We FARZANA RAFIQUE SHAIKH **, 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.**

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

Place MUMBAI

Date D D M M Y Y Y Y: 29052025

FARZANA

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

भारत सरकार
Government of India

आधार



Issue Date: 05/02/2014

Farzana Rafique Shaikh
Date of Birth/DOB: 01/02/1981
Female/ FEMALE
Mobile No: 9892702995

6594 5463 2372
VID : 9131 8026 9492 8441

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Download Date: 06/10/2022

Address:
W/O: Rafique Shaikh, Sanjay Nagar Banjara Chawl, Baiganwadi, Near New Bus Depo, Govandi, Mumbai, Mumbai, Maharashtra - 400043



6594 5463 2372

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FARZHNA


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
FARZANA RAFIQUE SHAIKH
RAZA ALI SHAIKH
01/02/1981
Permanent Account Number
EXNPS2837F
Signature
11052013

FARZANA