

Signature / Left thumb impression across this photo

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



Permanent Account Number (PAN) AEFPH5639R

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

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	HASAMI
First Name	MOHD IRSHAD AHMED
Middle Name	ABDUL RAHIM

Name you would like it printed on the PAN card

MOHD IRSHAD AHMED ABDUL RAHIM HASAMI

☐ **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	HASAMI
First Name	ABDUL
Middle Name	RAHIM

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 20 Month 04 Year 1969

☐ **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.	NEAR BABE REHMAT MASJID
Name of Premises/ Building/Village	MD. RAFIQUE NAGAR PART-2
Road/Street/ Lane/Post Office	SHIVAJI NAGAR
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: 8291780244

Email ID: RK98J089948L@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 384519701729

Name as per AADHAAR letter/card: MOHD IRSHAD AHMED ABDUL RAHIM HASAMI

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

PAN 1 PAN 2 PAN 3 PAN 4

12 Verification

I/We MOHD IRSHAD AHMED ABDUL RAHIM HASAMI 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 1 (number of documents) in support of proposed changes / corrections.

Place: MUMBAI

Date (D D M M Y Y Y Y): 01 01 2025

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

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ₹ 10,000 can be levied on possession of more than one PAN.

भारत सरकार
Government of India

आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No.: 2821/27023/04599

To
Mohd Irshad Ahmed Abdul Rahim Hasami
NEAR BABE REHMAT MASJID, MD. RAFIQUE NAGAR
PART-2, SHIVAJI NAGAR, GOVANDI,
VTC: Shivaji Nagar S.O,
District: Mumbai,
State: Maharashtra,
PIN Code: 400043,
Mobile: 9619105582

70810676

MC708106766FL

आपका आधार क्रमांक / Your Aadhaar No. :

3845 1970 1729

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



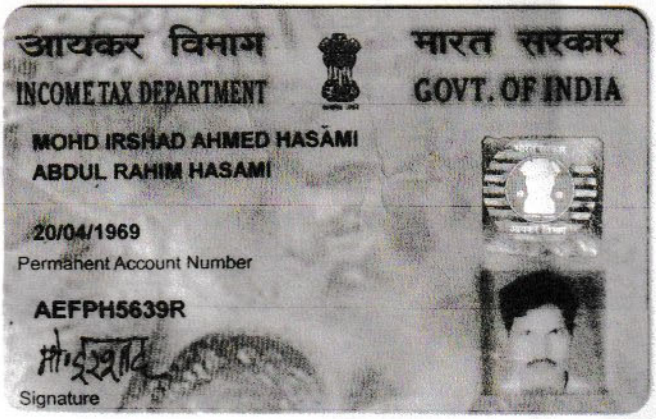
Mohd Irshad Ahmed Abdul Rahim Hasami
DOB : 20/04/1969
Male

Issue Date : 16/11/2011

3845 1970 1729

मेरा आधार, मेरी पहचान

इरशाद


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
MOHD IRSHAD AHMED HASAMI
ABDUL RAHIM HASAMI
20/04/1969
Permanent Account Number
AEFPH5639R
Signature

इरशाद