

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



Permanent Account Number (PAN)

L A K P S 6 0 4 7 L

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: S H A I K H

First Name: R A M Z A N

Middle Name: S H A M S U D D I N

Name you would like it printed on the PAN card

R A M Z A N S H A M S U D D I N S H A I K H

☑ **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 H A I K H

First Name: S H A M S U D D I N

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 5 Month: 1 0 Year: 1 9 9 8

☐ **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 RAHMAT MASJID

Name of Premises/ Building/Village: MOHAMMAD RAFIQUE NAGAR 20

Road/Street/ Lane/Post Office: PADPATTI, GOVANDI ROOM NO

Area / Locality / Taluka / Sub- Division: 349 MUMBAI

Town / City / District: SHIVAJI NAGAR MUMBAI

State / Union Territory: MAHARASHTRA Pincode / Zip code: 4 0 0 0 4 3 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: 7 7 1 0 8 2 7 9 9 2

Email ID: RK98208994840GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 2 7 0 9 8 7 8 7 0 1 1 0

Name as per AADHAAR letter/card: R A M Z A N S H A M S U D D I N S H A I K H

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

PAN 1: PAN 2: PAN 3: PAN 4:

12 Verification

I/We RAMZAN SHAMSUDDIN 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.

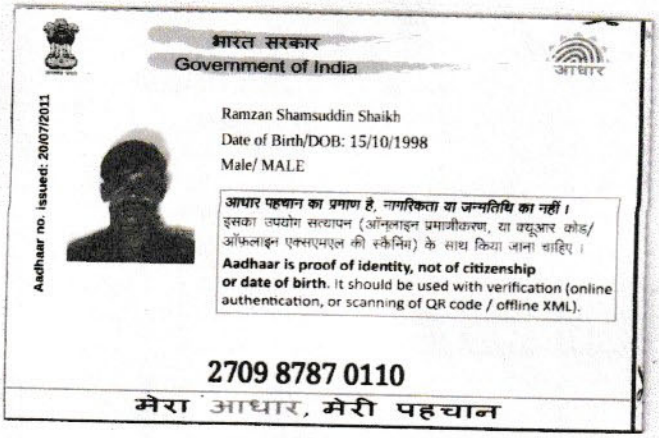
I/We have enclosed 1 (number of documents) in support of proposed changes / corrections.

Place: MUMBAI

Date (D D M M Y Y Y Y): 0 3 0 1 2 0 2 6

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

Aadhaar no. issued: 20/07/2011

Ramzan Shamsuddin Shaikh
Date of Birth/DOB: 15/10/1998
Male/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

2709 8787 0110

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

Details as on: 23/12/2025

Address:
C/O Shamsuddin Shaikh, Near Babe Rahmat Masjid, Mohammad Rafique Nagar Zopadpatti, Govandi, Room No 349, Mumbai, PO: Shivaji Nagar, DIST: Mumbai Suburban,
Maharashtra - 400043

2709 8787 0110
VID : 9188 3566 8515 9522

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आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
LAKPS6047L
नाम / Name
RAMZAN SHAMSUDDIN SHAIKH
पिता का नाम / Father's Name
SHAMSUDDIN SHAIKH
जन्म की तारीख
Date of Birth
08/03/1988
हस्ताक्षर / Signature
22122016

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