

साबरीन

Signature / Left thumb impression across this photo

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



Permanent Account Number (PAN) OEXPS6568L

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

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☑ **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: SABRIN
Middle Name: SHAHBUDDIN

Name you would like it printed on the PAN card

SABRIN SHAHBUDDIN 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: FARUK
First Name: MOHAMMAD
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: 15 Month: 10 Year: 1995

☐ **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.: ROOM NO. 1M331, GALLI NO. 20
Name of Premises/ Building/Village: EKTA SANGH, NEAR BY BAWADI
Road/Street/ Lane/Post Office: MOHAMMED RAFIK NAGAR, PART
Area / Locality / Taluka / Sub- Division: NO. 02, NEAR BABE REHMAT MAS
Town / City / District: JID. SHIVAJI NAGAR GOVANDI
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: 9136241972
Email ID: RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 661803621545

Name as per AADHAAR letter/card: SABRIN SHAHBUDDIN SHAIKH

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

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

12 Verification

I/We SABRIN SHAHBUDDIN SHA... 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): 18102025

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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.

सत्यमेव जयते
भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No.: 0000/00118/53403

To
Sabrin Shahbuddin Shaikh
W/O SHAHBUDDIN SHAIKH,
ROOM NO.IM331, GALLI NO.20, EKTA SANGH , NEAR BY BAWADI, MOHAMMED RAFIK NAGAR, PART NO.02, NEAR BABE REHMAT MASJID,
SHIVAJI NAGAR, GOVANDI,
VTC: Mumbai,
PO: Shivaji Nagar,
District: Mumbai Suburban,
State: Maharashtra,
PIN Code: 400043,
Mobile: 7710874892

14090749

MG409097492FI

आपका आधार क्रमांक / Your Aadhaar No. :

6618 0362 1545

मेरा आधार, मेरी पहचान

सत्यमेव जयते
भारत सरकार
Government of India

आधार



Issue Date : 28/01/2018

Sabrin Shahbuddin Shaikh
DOB : 15/10/1995
Female

6618 0362 1545

मेरा आधार, मेरी पहचान

सावरीन


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
OEXPS6568L
नाम / Name
SABRIN SHAHBUDDIN SHAIKH
पिता का नाम / Father's Name
MOHAMMAD FARUK
जन्म की तारीख / Date of Birth
01/01/1992
हस्ताक्षर / Signature
31052021

सावरीन