

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



Permanent Account Number (PAN)

F A I P S 3 4 9 5 E

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	SHAIKH
First Name	SHABANA
Middle Name	ASHIK ALI

Name you would like it printed on the PAN card

SHABANA ASHIK ALI 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	MOHD
Middle Name	SHABAN

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: 08 Year: 1986

☐ **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.	RAFIQ NAGAR PART NO-2
Name of Premises/ Building/Village	ROOM NO-5, GALI NO-26
Road/Street/ Lane/Post Office	NR BABE RAHMAT MASJID
Area / Locality / Taluka / Sub- Division	GOVANDI SHIVAJI NAGAR
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	Area/STD Code	Telephone / Mobile number
+19		9768831089

Email ID RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 863229284586

Name as per AADHAAR letter/card

SHABANA ASHIK ALI SHAIKH

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

PAN 1 PAN 2 PAN 3 PAN 4

12 Verification

I/We SHABANA ASHIK ALI 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 4 0 1 2 0 0 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

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No. : 2821/27027/11724

To
Shabana Ashik Ali Shaikh

C/O: Ashik Ali Shaikh,
rafiq nagar part no-2 room no-5,
gali no-26,
Nr babe rehmat masjid,
govandi,
VTC: Mumbai, PO: Shivaji Nagar,
Sub District: Kurla, District: Mumbai Suburban,
State: Maharashtra, PIN Code: 400043.
Mobile: 9768831089

53808674

KF538086747FI

आपका आधार क्रमांक / Your Aadhaar No. :

8632 2928 4586

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



Issue Date: 01/10/2013

Shabana Ashik Ali Shaikh
DOB: 01/08/1986
Female

8632 2928 4586

मेरा आधार, मेरी पहचान

شبانہ


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
SHABANA AASHIK ALI SHAIKH
MOHD SHABAN SHAIKH
01/08/1986
Permanent Account Number
FAIPS3445E
Signature
04072013

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