

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



Permanent Account Number (PAN)

D	Y	G	P	S	0	8	4	5	N

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	Z	A	K	I	R																									
Middle Name	T	A	L	I	B		H	U	S	S	A	I	N																	

Name you would like it printed on the PAN card

Z	A	K	I	R		T	A	L	I	B		H	U	S	S	A	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	T	A	L	I	B																									
Middle Name	H	U	S	S	A	I	N																							

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	Month	Year
0 6	0 8	1 9 7 7

☐ **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.	N	E	A	R		B	A	B	E		R	A	H	M	A	T		M	A	S	J	I	D							
Name of Premises/ Building/Village	R	A	F	I	Q		N	A	G	A	R		P	A	R	T		N	O		2		Z	O							
Road/Street/ Lane/Post Office	G	O	V	A	N	D	I																								
Area / Locality / Taluka / Sub- Division	S	H	I	V	A	J	I		N	A	G	A	R																		
Town / City / District	M	U	M	B	A	I																									

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	Area/STD Code	Telephone / Mobile number
+ 9 1		9 1 3 6 5 7 1 6 5 1

Email ID RK9820899484@GMAIL.COM

☐ **10 AADHAAR number (if allotted)** 7 6 2 9 3 0 8 4 0 3 1 5

Name as per AADHAAR letter/card

Z	A	K	I	R		T	A	L	I	B		H	U	S	S	A	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 ZAKIR TALIB HUSSAIN 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: 1 2 0 6 2 0 2 5

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

भारत सरकार

आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1104/20579/11631

To,
जाकीर तालिब हुसेन शाद
Zakir Talib Hussain Shaikh
S/O: Talib Hussain Shaikh
Near Babe Rahmat Masjid Rafiq Nagar Part No 2 zopadpatti
Govandi
Mumbai
Shivaji Nagar Mumbai Mumbai
Maharashtra 400043
8898932826

21/05/2013

Ref: 9 / 02H / 16971 / 17955 / P

SH108598582FT

आपला आधार क्रमांक / Your Aadhaar No. :

7629 3084 0315

आधार - सामान्य माणसाचा अधिकार

भारत सरकार

Government of India



जाकीर तालिब हुसेन शाद
Zakir Talib Hussain Shaikh
जन्म वर्ष / Year of Birth : 1977
पुरुष / Male

7629 3084 0315

आधार - सामान्य माणसाचा अधिकार

Zakir


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
SHAIKH ZAKIR
TALIB HUSSAIN SHAIKH
06/08/1977
Permanent Account Number
DYGPS0845N
Signature

Zakir