

PAN CR-01

Request For Changes Or Correction in PAN Data

[For an Individual]

Recent colour
photograph of the applicant
(4.5 cm x 3.5 cm)
with Sign/Left thumb
impression across the photo of
the applicant

Permanent Account Number (PAN)									
Aadhaar Number									

Recent colour
photograph of the applicant
(4.5 cm x 3.5 cm)

Sr. No.	Tick Box	PART A - Personal Information
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1.	☐	A. Name
		First Name
		Middle Name
		Last Name

	☐	B. Name (as per Aadhaar)

2.	☐	Gender (select one)	☐ Male	☐ Female	☐ Transgender
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3.	☐	Date of Birth	d	d	m	m	y	y	y	y
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4.	☐	Address
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	☐	Residence	☐	Office	(select one)
Flat/Door/Building					
Road/Street/Block/Sector					
Post Office					
Area/Locality/Town/City					
District					
State/Union Territory		Country/Region		PIN / ZIP CODE	

5.	☐	Passport Number																		
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6.	☐	Taxpayer Identification Number in the Country of Residence																		
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7.	☐	Contact Details
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(i) Mobile Number	Country Code				Mobile Number														
(ii) Email ID																			
(iii) Landline No. with Country/ISD Code and Area/STD Code (if any)	Country/ISD Code				Area/STD Code														
	Landline Number																		

PART B - Details of Parents	
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8.	☐	Father's First Name																		
		Father's Middle Name																		
		Father's Last Name																		

9.	☐	Mother's First Name																		
		Mother's Middle Name																		
		Mother's Last Name																		

10.	Name of parent to be printed on Permanent Account Number card (select one)		☐ Father	☐ Mother
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Part C: Declaration by Applicant or by Representative Assessee on behalf of the Applicant	
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11.	Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Birth of the Applicant & Proof of Change in support of proposed changes / corrections requested by the Applicant	
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☐	(i) Proof of Identity	☐	(ii) Proof of Address	☐	(iii) Proof of Date of Birth
☐	(iv) Documentay proof in support of other changes	☐	(v) Copy of PAN		

Verification & Declaration

a. I , in the capacity of(Self/Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place.....

Date.....



(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee)