

PAN CR-02

**Request For Changes Or Correction in PAN Data  
[For Non-Individual]**

Permanent Account Number (PAN)											

Registration Number											

Sr. No.	Tick Box	<b>Part A - Personal Information</b>
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1.	<input type="checkbox"/>	Name										

2.	<input type="checkbox"/>	Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons											
			d	d	m	m	y	y	y	y			

3.	<input type="checkbox"/>	Office Address											
		Flat/Door/Building											
		Road/Street/Block/Sector											
		Post Office											
		Area/Locality/Town/City											
		District											
		State/Union Territory				Country/Region				PIN / ZIP CODE			

4.	<input type="checkbox"/>	Taxpayer Identification Number in the country of residence										

5.	<input type="checkbox"/>	Contact Details												
		(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			

<b>PART B- Declaration by Applicant</b>
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6.	<b>Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant</b>										
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<input type="checkbox"/> (i) Proof of Identity	<input type="checkbox"/> (iii) Proof of Address
<input type="checkbox"/> (ii) Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons	<input type="checkbox"/> (iv) Proof of PAN

<b>Verification &amp; Declaration</b>
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a. I, ....., in the capacity of .....do hereby declare that what is stated above is true to the best of my knowledge and belief.

Designation.....

Place.....

Date.....

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

