

**CENTRAL RECORD KEEPING AGENCY**

**Annexure S7**

Request For change in signature and/or change in photograph

(To avoid mistake(s), please follow the accompanying instructions carefully before filling up the form)

|   |   |
|---|---|
| Acknowledgement No. <input style="width:100%;" type="text"/><br>(To be filled by FC)                  | To affix colour photograph<br>(3.5 cm x 2.5 cm) |
| Subscribers Name <input style="width:100%;" type="text"/><br><input style="width:100%;" type="text"/> |   |
| Permanent Retirement Account Number <input style="width:100%;" type="text"/>                          |   |
| Subscriber's sign/Thumb impression in black ink only.<br>(Applicable in case of change of Photograph) |   |

I hereby, request you to carry out the following change. The necessary details are provided as below:

Change in signature       Change in photograph

**Section A: Change in Signature**

Reason for change in signature: \_\_\_\_\_

**Section B: Change in photograph**

Reason for change in photograph: \_\_\_\_\_

Subscriber's Signature (New Signature)       Date :

|  |  |   |                   |  |  |                       |                  |            |                       |                   |            |
|--|--|---|-------------------|--|--|-----------------------|------------------|------------|-----------------------|-------------------|------------|
| <b>For DDO Use</b><br>Date of Receipt _____<br><br>_____<br>Name & Signature of Authorised person/<br>Stamp of DDO | <b>For PAO Use</b><br>Date of Receipt _____<br><br>_____<br>Name & Signature of Authorised person/<br>Stamp of PAO | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>For FC Use</b></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td>Date of Receipt _____</td> <td>Entered by _____</td> <td>Date _____</td> </tr> <tr> <td>Time of Receipt _____</td> <td>Verified by _____</td> <td>Date _____</td> </tr> </table> | <b>For FC Use</b> |  |  | Date of Receipt _____ | Entered by _____ | Date _____ | Time of Receipt _____ | Verified by _____ | Date _____ |
| <b>For FC Use</b>  |  |   |                   |  |  |                       |                  |            |                       |                   |            |
| Date of Receipt _____  | Entered by _____   | Date _____  |                   |  |  |                       |                  |            |                       |                   |            |
| Time of Receipt _____  | Verified by _____  | Date _____  |                   |  |  |                       |                  |            |                       |                   |            |

**Instructions**

1. This form is to be submitted to CRA appointed Facilitation Centre.
2. Please indicate whether request is for change in signature and/or Photograph by ticking the relevant box.
3. The change request will be chargeable.
4. This request must be accompanied with a DDO Covering letter on official stationery.