

**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

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**Section A: Change in Signature**

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

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**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 | <b>For FC Use</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Date of Receipt</td> <td style="width: 33%;">Entered by</td> <td style="width: 33%;">Date</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Time of Receipt</td> <td>Verified by</td> <td>Date</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | Date of Receipt | Entered by | Date | _____ | _____ | _____ | Time of Receipt | Verified by | Date | _____ | _____ | _____ |
| 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.