

5. PREFERRED ADDRESS FOR COMMUNICATION

[Please tick(✓)] Overseas Address Indian Address (Communication at overseas address would entail extra charges)

6. CONTACT DETAILS* (Include country code for Overseas phone numbers)

Landline Phone* (Overseas No.-with ISD code) +

Tel. (Res) : (with ISD code) +

Mobile* (Overseas No.) + (Mobile Number is required for communication and to get SMS alerts)

Email ID*

7. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

► Occupation Details* [please tick(✓)]

Private Sector Public Sector Government Sector Professional
Self Employed Homemaker Student Others (please specify)

► Income Range (Rs. per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above

► Educational Qualifications Below 10th std 10th 12th Graduate Masters Professionals (CA, CS, CMA, etc.)

► Please Tick (✓) If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no.3)

8. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)#

(All bank details are mandatory except MICR Code)

Account Type [please tick(✓)] NRE Account NRO Account

Bank A/c Number

Bank Name

Branch Name

Branch Address PIN Code/ZIP

City Country

Bank MICR Code IFS Code

NRIs/OCIS should make contributions through NRE/FCNR/NRO account only.

9. SUBSCRIBERS NOMINATION DETAILS* (Nomination details are mandatory. Please refer to Sr. No. 5 of the instructions)

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure II (Additional Nomination Form) provided separately)

First Name Middle Name Last Name

Relationship with the Nominee Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

First Name Middle Name Last Name

10. REPATRIATION OPTION (Please tick (✓) as applicable)

I would like to open account on* Repatriation Basis Non-Repatriation Basis

For Repatriation of corpus, the contributions should be made from NRE account only.

I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details in Annexure I

11. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr. No. 6 of the instructions)**(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:**

(a) Subscriber to choose any one of the PFs as per their choice, in the table below:

*Names of the Pension Funds are given in alphabetical order.

Name of the Pension Fund (Please select only one)	Please Tick (✓) Only One
Aditya Birla Sun Life Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
TATA Pension Management Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

* Selection of Pension Fund is mandatory both in Active and Auto Choice.

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice Auto Choice

Please note:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invts etc.
Specify %					100%	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)Funds	Please Tick (✓) Only One
LC 75	<input type="checkbox"/>
LC 50	<input type="checkbox"/>
LC 25	<input type="checkbox"/>

- Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset

12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):**Section I***US Person* Yes No **Section II***

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
Address in the jurisdiction for Tax Residence	Address Line 1			
	City/Town/Village			
	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional equivalent Number				
TIN/ Functional equivalent Number Issuing Country				
Validity of documentary evidence provided (Wherever applicable)		dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

"I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- The information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date Place : Name of Applicant

Signature/Thumb Impression* of Applicant
(* LTI in case of male and RTI in case of females)

13. DECLARATION BY APPLICANT* (Please refer to Sr no. 8 of the instructions)**Declaration & Authorization by all applicant**

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by intermediaries registered with PFRDA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date

Place :

Signature/Thumb Impression* of Applicant
(* LTI in case of male and RTI in case of females)

14. DECLARATION BY EMPLOYER / CORPORATE**Applicable to Corporate Employees only****Employees Employment Details to be filled and attested by Corporate (All Details are Mandatory)**

Date of Joining Date of Retirement

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date :

Place :

Signature of the Authorised person (in the box above)	Rubber Stamp of the Corporate (in the box above)

15. DECLARATION BY POINT OF PRESENCE (POP)

Receipt No. (17 digits)

POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted Yes No KYC Compliance Yes No

Documents Received: (Originals Verified) Self Certified (Attested) True Copies

Identity Verification Done

Existing Customer of the POP:

I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer.

The above applicant is having an operative Bank / Demat / Folio / account (specify nature of the account) having account number / client ID.....maintained at branch / office. The KYC documents available with us for this NRI/OCI customer / client matches the requirement for opening NPS account and are in compliance with PML Rules. I/We further confirm that the Bank a/c of Sh / Smt / Kum is an NRE/NRO account (applicable in case of Bank PoP)

To be filled by POP-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by CRA-FC Registration Number

Received at Date / /

Acknowledgement Number (by CRA-FC)

PRAN Allotted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted: ₹

Date of Receipt of Application and Contribution Amount: / /

Stamp and Signature of the PoP:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) In case, you mention the CKYC number submission of proof for the same is necessary.
- (c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back
- (d) The applicant should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the applicant, the application shall not be accepted.
- (e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the office of point of presence.
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The applicant thumb's impression should be verified by the designated officer of POP-SP.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable only for Non Resident Indians (NRIs) & Overseas Citizen of India (OCIs) ii. Currently, Foreign Nationals and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother name and shall select the option to be printed on PRAN Card																																																																
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			Note: (i) If the address in the identity proof is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on Passport / OCI Card differs from the address mentioned in the account opening form, a separate proof of address should be obtained. (iii) An NRI applicant is required to furnish an Indian address.																																																																
3	7	Other Details (Occupation Details)	Fund transfers by NRIs /OCIs would be subject to regulatory requirements as prescribed by RBI / Government from time to time and FEMA requirements.																																																																
		Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
4	8	Applicant Bank Details	Applicant is required to provide the details of NRE/NRO account only . Please attach proof for the bank details containing Subscriber Name, Bank Name, Bank Account Number and IFS Code (any one of the following) (i) Cancelled Cheque (ii) A copy of bank passbook (iii) Bank statement (iv) Bank certificate (v) Letter from Bank																																																																
5	9	Subscriber's Nomination Details	Nomination Details are mandatory. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
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7	12	Declaration by Applicant on FATCA Compliance	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India • Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) • If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) • In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided																																																																
			Declaration by Applicant	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/ POP-SP with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																															

General Information for Applicant

- a) The applicant can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Applicant are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:

Website: <https://www.npscra.nsdl.co.in>
 Call: 022-4090 4242
 Address: Central Recordkeeping Agency (CRA)
 Protean eGov Technologies Limited
 (formerly NSDL e-Governance Infrastructure Ltd.)
 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
 Lower Parel (W), Mumbai - 400013

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.