## Form-ISS-1

## National Pension System (NPS) Subscriber Shifting

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)  (Please tick the respective block which is applicable to you)
A. General Information:
I) NAME *
II) PRAN (Permanent Retirement Account Number) *
III) Existing PRAN association (refer Instruction no. I)
a) Sector: * Central Government
b) DDO / CBO / POP-SP Reg. No: *
c) DDO / CBO / POP-SP Name: *
IV) Target PRAN association (refer Instruction no. II)
a) Sector:* Central Government State Government All Citizens of India (UOS) Corporate Sector
b) DDO / CBO / POP-SP Reg No: *
c) DDO / CBO / POP-SP Name: *
B. Additional information for subscribers shifting to All Citizens of India - UOS
V. Subscriber Scheme Preference
a) PFM (Name in alphabetical order)  Please tick only one
1 HDFC Pension Management Company Limited 2 ICICI Prudential Pension Funds Management Company Limited 5 Reliance Capital Pension Fund Limited 6 SBI Pension Funds Private Limited 7 UTI Retirement Solutions Limited
(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).
b) Investment Option (refer Instruction no. VI & VII)
Active Choice
Note:- 1. In case you do not indicate any investment option, your funds will be invested in Auto Choice 2. In case you have opted for Auto Choice, DO NOT fill up section (V.c) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored investment will be made as per Auto Choice.
c) Asset Allocation table (to be filled up only in case you have selected the 'Active Choice' investment option)
E C Total
Asset Class (Cannot exceed 50%)  "Share Compared to the compar
Note:- The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the
VI. KYC details (Applicable only if subscriber is shifting from Government Sector) (Refer instruction no. X)
a) KYC document accepted for identify proof :
b) KYC document accepted for address proof: c) Document accepted for Date of birth proof:
C. Additional information for subscribers shifting to Central Government or State Government (to be filled by target DDO)
(Please refer to instruction No. VIII & IX)
VII. Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  a) Date of Joining:  b) Date of Retirement:
C) Group of the Employee A B C D D M M Y Y Y Y

d) Office		1				1	1			1				1							1									_			1			1		1	1	1	
e) Department	! 	<u>.                                    </u>		! !		<del></del>	+	! 		! 	- 1			! 	1	+		<u>_</u>		! 	<u>.                                    </u>	<u> </u>	_ _					! 	<u>+</u>	_ _		l	+			- -		 	<u> </u>		_
f) Ministry		1		1		<u> </u>				1		 		1				 										1								+					
-		1				<u> </u>				1				<u> </u>	1					1	<u> </u>							<u> </u>										<u> </u>			
g) Basic Salary		<u>.                                    </u>		_!				!			_																														
h) Pay Scale						<u> </u>															<u> </u>								<u> </u>									<u> </u>			
Certified that the above decla after he / she has read the ent details is as per employee red	tries / e	enti	ies l	nav	e b	een	rea	d ov	ver	to hi							cor	nfirm	ed	by h	im .	her her	. A	lso c	erti	fied	tha	t the	dat	e of	biı	rth	and	– l er	npl	oyı	me	nt			
Signature of the Authorised I	Person	_																																							
Designation of the Authorise	ed Pers	on															_		]	Rub	ber	Stan	ıp (	of the	D	DO															
																			]	Nam	ne of	the	DI	00_																	
Date :																								linist																	
																			,	Бер	ai tii	icit i	/ 1V.	шы	ιу.																
D. Additional information	tion f	on.	cul	200		hon	a al	hife	tin	a to		'own	0.11	o to	Ç.	otor	. (4	to b	O. W7	oni	fine	by	- 41	<b></b> C	0.11	nor	oto	Ωf	fic	0.0	F 41	ha	carl	ha	ani l	ho					_
concerned)	uon i	OI	Sui	JSC	:11)	Der	S SI	1111	LIII	gu	, С	orp	OI.	ate	se	Cloi	. (1	LO D	e v	ern	iiet	ı by	u	ie C	OI	por	au	OI	HC	e o	·	ile	Sui	US	CII	De	1				
VIII. Subscribers Employm	nent ar	ıd l	PAN	D	eta	ils																																			
a) Date of Joining*:	D	D	N	1	M	Y	Y	Y	Y	Y		b	) D	ate o	of R	Retire	eme	ent* :				D	]	D I	Л	M	Y	Y	Y	, Y	ľ	]									
c) Employee ID*:																					]																				
d) CHO Reg No*:											e	) PA	N:															]													
Certified that the above decla after he / she has read the ent as per employee records avai	tries / e	enti	ies l	nav	e b	een	rea				im,	/ her	by	me	and	got	cor	nfirm	ed	by h	im .	her	. A	lso c	erti	fied	tha	t the	dat	e of	bii	rth	and	l er	npl	oyı	me	nt c	leta	ils i	s
Signature of the Authorised I	Person	_																																							
Designation of the Authorise	ed Pers	on																						Rul	be	r Sta	ımp	of tl	ne (	Corp	ora	ate									
																				Ru	ıbbe	r Sta	amj	p of t	he	Cor	ora	te													
IX. Subscriber's Bank Deta	ails (Tl	ne s	ubs	cri	be :	shal	l pr	rovi	de :	a ca	nce	elled	che	eque	, th	ie de	tai	ls of	wh	ich :	sho	ıld r	nat	tch tl	ne l	banl	de	tails	pr	ovid	led)	)									
N 14/ N 1	_	1		-							-				1														1							1		1	_		
a) Bank A/c Number																																							_		
b) Bank Name																					<u> </u>															1					
c) Bank Branch																																									
d) Bank Address						-	1										1				H								ļ	1			1			1					
							1										1						1									1				-			_		
e) Pin Code				-1		T	1																																		
						-		_																																	
f) Bank MICR Code																																									
f) Bank MICR Code g) IFS code (Wherever appl	licable	<u> </u>	1				I				I									]																					
			ppli	cal	ble	only	y if	the	tar	get	I I Co	orpor	ate	e has	giv	ven t	he	optic	on (	] of se	elect	ing :	sch	ieme	pr	efer	ence	e to t	he	asso	ocia	ate	d ei	np	loye	ees	;)				
g) IFS code (Wherever appl	erence	(A	ppli	cal	ble	·				rget		-	rate	e has	giv	ven t	he	optic	on (	] of se	elect	ing :	sch	ieme	pr	efer	ence	e to t	the	asso	ocia	atee	d er	np	loye	ees	;)				
g) IFS code (Wherever appl X. Subscriber Scheme Prefe	erence al orde sion Fu lanage	(A <u>r)</u> ind me	s M: nt C	ana 'on	age 1pa	Ple	ease	e tic	ek o par	nly	one		rate	: has	giv		he	optic	on (	] of se		4 Re 5 SE	elia BI I	neme ince (Pensi Retir	Car on	oital Fun	Pen ds P	sion rivat	Fu te L	nd L imit	.im			mp	loye	ees	i)				

h) Investment Ontion (refer Instruction no. VI. & VIII)			
b) Investment Option (refer Instruction no. VI & VII)			
Active Choice Auto Ch Note:-	oice	(For details of	on Auto Choice, please refer to the Offer Document)
<ol> <li>In case you do not indicate any investment option,</li> <li>In case you have opted for Auto Choice, DO NOT investment will be made as per Auto Choice.</li> </ol>			se you do, the Asset Allocation instructions will be ignored and
c) Asset Allocation table (to be filled up only in case y	you have selected the 'Active Cho	oice' investment option)	
Asset Class E	С	G	Total
% share	must equal 100%. In case, the all-	ocation is left blank and/or	100% does not equal 100%, the application shall be rejected by the POP.
XI. KYC details (Applicable only if subscriber is sh	-		
a) KYC document accepted for identify proof:		· 	(Refer instruction no. X)
I agree to be bound by the terms and conditions for the		N will belong after processi	ectors): ing of this Intersector Shifting request) and understand that n / Undertaking being signed. Further, I agree to pay all the
Date Sign.	ature/Left Thumb impression of S	Subscriber*	
	For Officie use only (To be filled	up by the officer accepting	the form)
Received by:		PAO/POP -SP R	egistration Number:
Received at:		Date:	Time Stamp:
Details verified by:		Date:	Time stamp:
Receipt Number Issued by the receiving office (only f	or POP-SP)		
	vvvvvvvvvv	xxxxxxxxxxxx	
VI. Active choice - Under Active choice, subscribers classes.  a. PFM selection is mandatory. The form shall be b. Allocation under Equity (E) cannot exceed 50%	N is currently associated. N will be associated. y of the PRAN Card et PRAN association' can be the have an option to choose a fun rejected if a PFM is not opted fo the available asset classes ("E" allocations is not equal to 100% Il be made in a lifecycle fund in nect a PFM. The application shall cation table are left blank, the si	same only if a subscriber id manager and provide the r.  "G", & "C"). However, the goal of PFM chose the schemes of PFM chose ibe rejected if the subscribuscriber's funds will be i	en by Subscriber. ber does not indicate his/her choice of PFM.
Governemnt sector	ls of the subscriber after the sh rnments, i.e, both existing and r	ifting of the PRAN, in case	if the subscriber is shiifting from UOS to Central / State of subscriber shifting from Central Government to State Government Sectors
X. Illustrative list of documents acceptable as proof of      No. Proof of Identity (Copy of any one)     School Leaving Certificate	·	ss (Copy of any one)	
ii) Matriculation Certificate	ii) Telephone bill^		
iii) Degree of Recognized Educational Institution iv) Depository Account Statement	iii) Depository Account St iv) Credit Card Statement		
v) Bank Account Statement / Passbook	v) Bank Account Stateme		
vi) Credit Card vii) Water Bill	vi) Employer Certificate^ vii) Rent Receipt^		
viii) Ration Card	viii) Ration Card	ant Ordar	Note:
ix) Property Tax Assessment Order x) Passport	ix) Property Tax Assessme x) Passport	ent Order	Proof of Address mentioned in Sr. No. i) to vii)  (^) should not be more than six months old on the
xi) Voter's Identity Card	xi) Voter's Identity Card		date of application.
xii) Driving License xiii) PAN Card	xii) Driving License  Certificate of address s	igned by a Member of	You are required to bring original documents &
Certificate of identity signed by a Member of	Parliament or Member	of Legislative Assembly	two self-attested photocopies (Originals will be
xiv) Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.	xiii) or Municipal Councille	or a Gazetted Officer.	returned over-the- counter after verification)