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To, National Pension System Trust. Dear Sir/Madam,													-																	
I hereby request that an NPS account				-						-														_	L					
* indicates mandatory fields. Please fill KYC Number, Retirement Adviser Co			-											-		-					·									
KYC Number (if applicable)		\square	\square														nerat					CR	egist	ry						
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1. PERSONAL DETAILS: (Please				o.1 o			_	ns)					_																	
Name of Applicant in full First Name*		Shri	\square			Smt	. L			Kι	umar	°i ∟ ∣																		
Middle Name		+	+																						+	+	+	+		
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Father's Name*	.,,,	i	r	S	t								М	i	d	d		е		+				L	а	s	t	+		
(Refer Sr. No. 1 of instructions)										I									1		-									
Mother's Name* (Refer Sr. No. 1 of instructions)	F	i	r	S	t								M	i	d	d		е						L	а	S	t			
Father's name will be printed on PR	AN car	d. In	case	, mot	her's	nam	e to b	be pr	intec	l inst	ead o	of fath	ner's	nam	ne [F	Pleas	e ticl	k (√)][
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Gender* [Please tick (✓)] Marital Status*	Mal					male			C		rs 🗌		_			Na	tion	ality	*			Indi	ian							
Spouse Name*	iviar	rried		· ·	Un	mar	ried				Othe	rs L	M	1	d	d						1	1				+		1	
(Refer Sr. No. 1 of instructions)			-	3									IVI		l u	L d		C							6	0				
Residential Status*	Indi	an																												
2. PROOF OF IDENTITY (Pol)*	' (Any d	one	of the	e doc	umer	nts n	eed t	to be	e pro	ovide	ed ald	ong v	vith t	the i	denti	ificati	ion n	umb	er)											
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Others	Nar	ne c	of th	e ID												D		Ν	U	m	b	е	ľ	Plea	se ref	fer Sr. I	No. 2 0	of the	instruc	tions.
UID (Aadhaar) (U	IDI [A	adh	iaar]	nun	nber	not	requ	uire	d.)																					
As per the amendments made under l at present, please ensure that these of																		9, PA	N or	Form	60 is	mano	datory	/ und	er NF	°S.If y	ou da	o not	have l	PAN
			_											-											_	_	_			
3. PROOF OF ADDRESS (Po	4)*										dres		Moto		oard/l					nan					adha	or)//c	tor If) oor		GA Jo
[Please tick (✓), as applicable] #Not more than 2 months old.					Car	d/Rat	ion Ca	ard/O	thers	0/01L) (Aad	freel	dener	/\./	viaina				Card/F	Ration	Card	l/Othe	rs			esiden				
Please refer Sr. No. 2 of the instruction	ns				Rec	eipt				-								F	Rečeij	ot			0							
						test P pile] B		Gas/\	Water	/Elec	tricity/	lelep	hone	Lan	dline	or pos	stpaid		Lates		ed Ga	s/Wa	ter/Ele	ectrici	ty/le	lephor	ne[La	ndline	e or po	ostpaid
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4.2 PERMANENT ADDRESS D	ETAI	S*	1			Tick	(1)	in th	ne bo) x in	case	e the	add	ress	js er	ame	25 21	hove	۱ ۲	1									(
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5.	CONTACT DETAILS				
	Tel. (Off) (with STD code) +		Te	I. (Re	Res): (with STD code) +
	Mobile* (Mandatory) + 9 1		(1)	/lobile	ile Number is required for communication and to get SMS alerts)
	Email ID				
•					
6.	OTHER DETAILS (Please refer to Sr no. 3 of the instructions)				
	▶ Occupation Details* [please tick(✓)]				
	Private Sector 🗌 Public Sector 🗌 Government Sec	tor	P	rofes	essional
	Self Employed Homemaker Student)ther	ers (Please Specify)
	 Income Range (per annum) Upto 1 lac 1 lac to 5 lac 		_		to 10 lac 10 lac to 25 lac 25 lac and above
			_		
					duate Masters Professionals (CA, CS, CMA, etc.)
	Please Tick If Applicable Politically exposed person		Relat	ed to	to Politically exposed Person (Please refer instruction no.3)
7	SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instruct	otiona	a)		
	•	CUOIR	5)		
	(All the bank details are mandatory except MICR Code.)				_
	Account Type [please tick(✓)] Savings A/c └ Cur	rent	A/c		
	Bank A/c Number				
	Bank Name				
	Branch Name				
	Branch Name				
	Branch Address				PIN Code
	State/U.	Τ.			
	Bank MICR Code		IES	Code	
			IFS	Coue	
8	SUBSCRIBERS NOMINATION DETAILS* (Nomination details are ma	ndate	ory Pl	ease	e refer to Sr. No . 5 of the instructions)
0.					re so please fill in Annexure III (Additional Nomination Form) provided separately)
	Name of the Normhee (fou can normhate up to a maximum of 5 normhees a		i you u	lesire	e so piease nin in Annexure ni (Additional Nornination Porti) provided separately)
	First Name	Mide	dle Na	ame	e Last Name
	Relationship with the Nominee		Det		
			Dat	eort	f Birth (In case of Minor) d d / m m / y y y y
	Nominee's Guardian Details (in case of a minor)				
	First Name	Mido	dle Na	ame	e Last Name
9.	NPS OPTION DETAILS (Please tick (\checkmark) as applicable)				
	I would like to subscribe for Tier II Account also YES NO If Ye				
				xure S	e S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of PO
	POP-SPs rendering services under NPS and Annexure S10 is available on CRA we		,		
	I would like my PRAN to be printed in Hindi YES NO I If Yes	es, pl	lease	subm	omit details on Annexure II
10	. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*	(Ple	ease re	efer to	to Sr no. 6 of the instructions)
					,
	 PENSION FUND SELECTION (Tier I) : Please read below cor Government Sector: The following Pension Funds (PFs) will ac 				efault PFs, if choice is not exercised by the government employee/subscrib
	5				nt Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Governme
					ion will be ignored, if choice to employees is not notified by the respective Sta
	Govt/Ministry.				
	 All Citizen Model: Subscribers under All Citizen model have the opt Corporate Model: Subscribers shall have the option to choose the ava 				
	 NPS Lite: NPS Lite is a group choice model where subscriber has a 				
		Pleas	se Tic	<u>k (√)</u>	() Default Choice of Pension Funds
	LIC Pension Fund Limited				Available in Government sector, if employee/subscriber does not eversion
	SBI Pension Funds Private Limited	[Available in Government sector, if employee/subscriber does not exercise choice of PF
	UTI Retirement Solutions Limited	[
	ICICI Prudential Pension Funds Management Company Limited	[
	Kotak Mahindra Pension Fund Limited	[
	HDFC Pension Management Company Limited	[]	
	Aditya Birla Sun life Pension Management Limited	[
	TATA Pension Management Limited	[
	Max Life Pension Fund Management Limited			1	
	Axis Pension Fund Management Limited			1	
	* Selection of 01 Pension Fund is mandatory for All Citizen subscriber	L		_	
	(ii) INVESTMENT OPTION				
	(Please Tick (\checkmark) in the box given below showing your investment option).				
	Active Choice Auto Choice Active Choice	-			
	Please note:				
	 In case you select Active Choice fill up section (iii) below and if you s 	select	t Auto	Choic	pice fill up section (iv) below.
	2. In case you do not indicate any investment option, your funds will be				
		/ rela	iting to	Asse	set Allocation, the Asset Allocation instructions will be ignored and investment w
	be made as per Auto Choice (LC 50).				

CSRF

Asset Class E C C G A Clan Clan <thclan< th=""> Clan Clan</thclan<>	d instruments; Asset Clas MBS, REITS, AIFs, Invits et boation is restricted to Asset does not equal 100%, the ase, you do not indica is 575% of the total asset is 50% of the total asset is 25% of the total asset C 25 & LC 50 only):
Image: second 75% (rescaled on the	ad instruments; Asset Class MBS, REITS, AIFs, Invits et aboation is restricted to Asset does not equal 100%, the ase, you do not indica is is 75% of the total asset is is 50% of the total asset is is 25% of the total asset C 25 & LC 50 only
Specify % Not N	bocation is restricted to Asset does not equal 100%, the ase, you do not indica is is 75% of the total asset is is 50% of the total asset is is 25% of the total asset C 25 & LC 50 only):
Govt sector Not available Available available Class (G' ony) Please note that 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 diapplication shall be rejected. Intervention of the context of 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 diapplication shall be rejected. (iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case a choice of L C, your funds will be invested as per L C 50. Intervention option opt	does not equal 100%, the ase, you do not indica is is 75% of the total asset is 50% of the total asset is 25% of the total asset C 25 & LC 50 only
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 a choice of LC, your funds will be invested as per LC 50. Life Cycle (LC) Please Tick (*) Choices in Govt 9.00 0nly One Sector 1.0.75 In the View Sector Note available 2.1.10 C50 LC 75 1.0.75 In the Uie cycle fund where the Cap to Equity investments 3.1.0.25 It is the Life cycle fund where the Cap to Equity investments 3.1.0.25 LC 75 It is the Life cycle fund where the Cap to Equity investments 3.1.0.25 It is the Life cycle fund where the Cap to Equity investments 4. Govt, employee can exercise Auto Choice of Asset Allocation for LC LC 75 No Section 1* US Person* Yes Ves No Section 1* Section 1* Address in the jurisdiction for Tax Residence Address Line 1 City/Town/Village State In Market Sector Zit/Post Code In Market Sector Tity Functional equivalent Number In Market Sector <	ase, you do not indica is 575% of the total asset is 50% of the total asset is 25% of the total asset C 25 & LC 50 only):
(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case a choice of LC, your funds will be invested as per LC 50. Life Cycle (LC) Please Tick (*) Choices in Govt is actor Control on the control of the control on the cont	s is 75% of the total asset s is 50% of the total asset c 25 & LC 50 only):
Life Cycle (LC) Funds Please Tick (*) Only One Choices in Govt sector Note: 1. LC 75-1t is the Life cycle fund where the Cap to Equity investments 2. LC 50-1t is the Life cycle fund where the Cap to Equity investments 3. LC 25-1t is the Life cycle fund where the Cap to Equity investments 3. LC 25-1t is the Life cycle fund where the Cap to Equity investments 3. LC 25-1t is the Life cycle fund where the Cap to Equity investments 3. LC 25-1t is the Life cycle fund where the Cap to Equity investments 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 1. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions) isection 1* JS Person* Yes No Section II* Ornthy Countries of taxation, 1 am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent ut below or 1 have indicated that a TINfunctional equivalent is unavailable (kindly fill details of all countries of tax residence if mo Address in the jurisdiction for Tax Residence Address Line 1 Clift/Town/Village Int/ Functional equivalent Number (TIN)/Functional equivalent Number State Clift/Town/Village TIN/ Functional equivalent Number (Stup) Clift / Town / yyyy Clift / Town / yyyy Validity of documentary evidence provided (Wherever applicable) Clift / Town / yyyy Clift / Town / yyyy Validity of the my responsibility to educate myself and to comply at all times with all relevant laws relating to	s is 50% of the total asset s is 25% of the total asset C 25 & LC 50 only):): ent in each country is s ore than one):
Funds Only One sector Note: 1. LC 75 It is the Life cycle fund where the Cap to Equily investments LC 75 Not available 2. LC 50- It is the Life cycle fund where the Cap to Equily investments LC 25 Available 2. LC 50- It is the Life cycle fund where the Cap to Equily investments JC 25 Available 3. LC 25- It is the Life cycle fund where the Cap to Equily investments 4. Gort. employee can exercise Auto Choice of Asset Allocation for LC Cost is the Life cycle fund where the Cap to Equily investments 4. Gort. employee can exercise Auto Choice of Asset Allocation for LC Cost is the Life cycle fund where the Cap to Equily investments 5. Gettion I* JS Person* Yes No Section II* JS Person* Yes No Section II* Country (1) Country (2) Country/countries of tax residency Address in the jurisdiction for Tax Address Line 1 City/Town/Village City/Town/Village Atdress in the jurisdiction for Tax City/Town/Village City/Town / Yillage City/Town / Yillage City/Town / Yillage TIN Functional equivalent Number (TIN)/Functional equivalent Number City/Town / Yillage City/Town / Y	s is 50% of the total asset s is 25% of the total asset C 25 & LC 50 only):): ent in each country is s ore than one):
Control C	s is 25% of the total asset C 25 & LC 50 only): ent in each country is s ore than one):
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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 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 285B/ Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my kn correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account or otherwise.) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions to and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in an 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 the Form, its supporting Annexures as well as in the documentary evidence are in the the formation for compliance with any law or regulation whether domestic or foreign.	
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 designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriat 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 a 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 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. 	nowledge and belief, tru- tt as a Reportable account therein, by the NPS Tru- nd/or outside India of ar he information provided and to provide fresh se ulator and/or any authori ate by the NPS Trust if the available in public doma
Date d I m I y	
Place : Signature/Thumb Impression* of Su (* LTI in case of male and RTI in	
Name of subscriber	

er 1.8	CSRI
12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instruction	
	15)
 and declare that the information and documents furnished by me are true and correct Record Keeping Agency/National Pension System Trust, of any change in the about understand that I shall be fully liable for submission of any false or incorrect informat I further agree to be bound by the terms and conditions of provision of services by complete or partial without any new declaration being furnished by me. I shall be bout 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 the prevention of the pr	and hereby agree to the same along with the PFRDAAct, regulations framed thereunder et, to the best of my knowledge and belief. I undertake to inform immediately the Central we information furnished by me. I do not hold any pre-existing account under NPS. I ion or documents. CRA, from time to time and any amendment thereof as approved by PFRDA, whether and by the terms and conditions for the usage of I-PIN (to access CRA website and view m legally declared and assessed sources of income. I understand that NPS Trust has at authorities. I further agree that NPS Trust has the right to close my PRAN in case I am
Date $d d / m m / y y y y$	
Place :	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
13. DECLARATION BY EMPLOYER	
Applicable to Governm	ent Subscribers only
(Subscribers Employment Details to be filled and	attested by the Deptt. (All Details are Mandatory)
Date of Joining	Date of Retirement
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
PPAN (If applicable) Group of Employee (Tick as applicable) Group A Group A Group A	
Department	
Ministry	
DTO/PAO/CDDO/DTA/PrAO Registration Number	
Basic Pay Pay Scale	
It is certified that the details provided in this subscriber registration form b the address and employment details provided above are as per the servic he/she has read entries/entries have been read over to him/her by us and	e record of the employee maintained by us. Also, it is further certified that
Signature of the Authorised person Rubber Stamp of the DDO	Signature of the Authorised person Rubber Stamp of the DTO/PAO/CDDO/
(In the box above) (In the box above)	(In the box above) DTA/PrAO (In the box above)
Designation of the Authorised Person	Designation of the Authorised Person
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry	Date d d / m m / y y y y
14. DECLARATION BY EMPLOYER/ CORPORATE Applicable to Corporat (Subscribers Employment Details to be filled and a Date of Joining d / m / y y y Employee Code/ID	
CBO No. allotted by CRA	
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the empl entries / entries have been read over to him / her by us and got confirmed by	him / her.
Date d d / m m / y y y y	Place
Signature of the Authorized parene (In the how shows)	
Signature of the Authorised person (In the box above)	
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)

CSRF

8						
5. DECLARATION BY T	HE AGGREGA	TOR				
		Applicable to N	PS Lite Subsc	ribers		
	iber is registered on has been sig	(NL - AO) Ind with the aggregator and he/she ligned /thumb impressed before me		•		• •
Signature c	of the Authorised p	person (In the box above)		Rubber Stamp of the	he Aggregator (In th	e box above)
Name of the Aggregator						
NPS Lite Account Office (N	L-AO) Registratior	n Number	NPS Lite - Collection	on Centre (NL - CC) Reg	gistration Number	
Membership No. allotted b	y Aggregator (if ar	ny)				
Place		Date d d / m m /	у у у у			
16. TO BE FILLED BY P	OP-SP					
Receipt No. (17 digits)				POP-SP Regist	tration Number	
Document accepted for	date of Birth P]	
Copy of PAN card subn			KYC Complia	nce YES I		
Documents Received:		(Originals Verified) Self Certified	· ·) True Copies		
Identity Verification :		Done		,		
Existing Customer:						
Demat/Folio/ The KYC documents a	account (sp vailable with us	mt/Kum is an exis becify nature of the account) havin s for this customer/client matches avings Bank a/c of Sh/Smt/Kum .	ng account nun the requireme	nber/client ID	maintair S account and a	ned atbranch/of re in compliance with PI
Demat/Folio/ The KYC documents a	account (sp vailable with us nfirm that the Sa	pecify nature of the account) havin s for this customer/client matches	ng account nun the requireme	nber/client ID	maintair S account and a	ned atbranch/of re in compliance with PI
Demat/Folio/ The KYC documents a Rules. I / We further co of Bank PoP)	account (sp vailable with us nfirm that the Sa	pecify nature of the account) havin s for this customer/client matches	ng account nun the requireme	nber/client ID ent for opening NP e not a 'Basic Savir	maintair S account and a	ned atbranch/of re in compliance with PI
Demat/Folio/ The KYC documents a Rules. I / We further co of Bank PoP)	account (sp vailable with us nfirm that the Sa POP-SP	pecify nature of the account) havin s for this customer/client matches	ng account nurne the requirements	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation:	maintair S account and a	ned atbranch/of re in compliance with Pf Account (applicable in c
Demat/Folio/ The KYC documents a Rules. I / We further co of Bank PoP) To be filled by F	account (sp vailable with us nfirm that the Sa POP-SP	becify nature of the account) havin s for this customer/client matches avings Bank a/c of Sh/Smt/Kum .	ng account nurn the requireme	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation: Date	S account and an ngs Bank Deposit	ned atbranch/of re in compliance with Pf Account (applicable in c
Demat/Folio/ The KYC documents a Rules. I / We further co of Bank PoP) To be filled by F	account (sp vailable with us nfirm that the Sa POP-SP	Example 2 (To be filled by CRA - Fa	ng account nurn the requireme	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation: Date d d tre (CRA-FC)]	S account and an ngs Bank Deposit	ned atbranch/of re in compliance with Pf Account (applicable in c
Demat/Folio/ The KYC documents a Rules. I / We further co of Bank PoP) To be filled by F POP-SP Se	account (sp vailable with us nfirm that the Sa POP-SP	Example 2 (To be filled by CRA - Fa	ng account num the requireme inatory	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation: Date d d tre (CRA-FC)]	/ m m / y	Place:
Demat/Folio/ The KYC documents a Rules. I / We further co of Bank PoP) To be filled by F POP-SP Se Received by	account (sp vailable with us nfirm that the Sa POP-SP eal	Example 2 (To be filled by CRA - Fa	ng account num the requireme inatory	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation: Date d d tre (CRA-FC)]	S account and an ngs Bank Deposit	ned atbranch/of re in compliance with Pf Account (applicable in c
Demat/Folio/ The KYC documents a Rules. I / We further co of Bank PoP) To be filled by F POP-SP Se Received by Received at	account (sp vailable with us nfirm that the Sa POP-SP eal	Example 2 (To be filled by CRA - Fa	ng account num the requireme inatory	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation: Date d d tre (CRA-FC)]	/ m m / y	Place:
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Demat/Folio/The KYC documents a Rules. I / We further co of Bank PoP) To be filled by F POP-SP Se Received by Received at Acknowledgement Number PRAN Allotted Name of the Subscriber	account (sp vailable with us nfirm that the Sa POP-SP eal c (by CRA-FC)	CR	ng account nurn the requirement is natory acilitation Cen A-FC Registration	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation: Date d d tre (CRA-FC)]	/ m m / y	Place:
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Demat/Folio/The KYC documents a Rules. I / We further co of Bank PoP) To be filled by F POP-SP Se Received by Received at Acknowledgement Number PRAN Allotted Name of the Subscriber Contribution Amount Ref	account (sp vailable with us nfirm that the Sa POP-SP eal c (by CRA-FC)	CRA To be filled by CRA - Fa CRA CRA CRA CRA CRA CRA CRA CRA	ng account nurn the requirement is natory acilitation Cen A-FC Registration	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation: Date d d tre (CRA-FC)]	/ m m / y	Place:
Demat/Folio/The KYC documents a Rules. I / We further co of Bank PoP) To be filled by F POP-SP Se Received by Received at Acknowledgement Number PRAN Allotted Name of the Subscriber Contribution Amount Ref	account (sp vailable with us nfirm that the Sa POP-SP eal c (by CRA-FC)	CRA To be filled by CRA - Fa CRA CRA CRA CRA CRA CRA CRA CRA	ng account nurn the requirement is natory acilitation Cen A-FC Registration	nber/client ID ent for opening NP s not a 'Basic Savir Name: Designation: Date d d tre (CRA-FC)] n Number D	Imaintair S account and an Ings Bank Deposit	Place:

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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

. ,	and such c a blank box	orrections should be co after each word.	ounte	rsigned by the applicant. Each box, wherever provided, shou			verwrite. Corrections should be made by cancelling and re-writing only one character (alphabet / number / punctuation mark) leaving						
(c)	 In case, you mention the KYC number submission of proof for the same is necessary. 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 												
(d)													
(e)													
				entioned on the form, should match with the documentary pr hould be verified by the designated officer of POP-SP / Nod			ted.						
S. No	ltem No.	Item Details	Instructions										
		Personal Details	ii. C	his Form is applicable only for Resident Indians. There is a Currently, Foreign Nationals / Other Country Individuals (OCI The applicant shall mention father's name and mother's nam) and	Pers	ons of Indian Origin (PIO) are not allowed to open PRAN.						
		Spouse Name		arried, spouse name is mandatory.									
1	1	Father's Name		äther's name is mandatory. Father's name has more than 30 digits, you may fill Annexι	ire II f	or the	e same.						
		Mother's Name		/lother's name is mandatory · Mother's name has more than 30 digits, you may fill Annex	ure II t	for th	e same.						
		Date of Birth		se ensure that the date of birth matches as indicated in the									
			S.N	Proof of Identity (Copy of any one) Passport issued by Government of India.	S	5.No 1	Proof of Address (Copy of any one) Passport issued by Government of India						
			2	Ration card with photograph.			Ration card with photograph and residential address						
			3	Bank Pass book or certificate with Photograph.			Bank Pass book or certificate with photograph and residential address						
			4	Certificate of the POP for an existing customer.			Certificate of the POP for an existing customer.						
			6	Voters Identity card with photograph and residential addree Valid Driving license with photograph	55.	-	Voters Identity card with photograph and residential address Valid Driving license with photograph and residential address						
			7	Certificate of identity with photograph signed by a Member Parliament or Member of Legislative Assembly	r of	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.						
			8	PAN Card issued by Income tax department		8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly						
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Author of India	ority	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address						
		Permanent address details	10	Job cards issued by NREGA duly signed by an officer of State Government	the		Job cards issued by NREGA duly signed by an officer of the State Government						
2	2,3&4	uotailo	11	Identity card issued by Central/State government and Departments, Statutory/ Regulatory Authorities, Public Se	its	11	The identity card/document with address or letter of allotment						
-	2,00.			Undertakings, Scheduled commercial Banks, Public Finan	cial		of accommodation issued by any of the following: Central/ State Government and its Departments, Statutory/Regulatory						
				Institutions, Colleges affiliated to universities and Profession Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	nai		Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their						
							employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.						
			12	Photo. Identity Card issued by Defence, Paramilitary Police department's	and	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)						
				Ex-Service Man Card issued by Ministry of Defence to t employees.	neir		Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)						
			14	Photo Credit card.		14	Latest Property/house Tax receipt (not more than one year old)						
			15 Existing valid registered lease agreement of the house of paper (in case of rented/leased accommodation)										
				f the address on the document submitted for identity proof by			ctive customer is same as that declared by him/her in the account						
			(ii) If		ty pro	oof dit	ffers from the current address mentioned in the account opening cations will be sent to correspondence address. If correspondence						
			8	Permanent address are different, then proof for both have to the KYC documents may be submitted within a period of 30	o be s	subm	itted.						
3	6	Politically Exposed	Polit	ically Exposed Persons' (PEPs) are individuals who are or h	ave b	been (entrusted with prominent public functions in a foreign country, for vernment, judicial or military officials, senior executives of state-						
3	0	Person	own	ed corporations, important political party officials.									
4	7	For Tier I & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank											
		Name, Bank Account No. and IFS Code should be submitted.											
5	8	Subscriber's Nomination Details	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.										
6	10	Pension Fund (PF) Selection and	Actice Choice and in Life Cycle Funds - LC builder Auto Choice . In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 0.3 Pension Funds manaly (i) LIC Pension Fund Limited (ii) Set										
		Investment Option	Pens	ision Funds Pvt. Limited (iii) UTI Retirement Solutions td. ification / Guidelines on filling details if applicant residence fr									
			• J				citizen, every US citizen of whatever nationality, is also a resident						
		Declaration by	• 1	fax identification Number (TIN): TIN need not be reported if it			een issued by the jurisdiction. However, if the said jurisdiction has a "Functional equivalent"), the same may be reported. Examples						
7	11	subscriber on FATCA Compliance	C				number, citizen/personal identification/services code/number and						
			• It	f applicant residence for tax purpose in jurisdiction(s) within India, P			ccount Number (PAN) to be provided as Tax Identification Number (TIN) Country of Birth is US, document evidencing Relinguishment of						
			0	Citizenship should be provided or reasons for not having reli	nquish	nmen							
8	12	Declaration by Subscriber	desi	gnated officer of POP/POP-SP/Nodal office with the official ression in case of females.	seal a	and st	tamp. Left Thumb Impression in case of males and Right Thumb						
			1hı	General Information for Subsci	ibers								
				his/her application from CRA and their designated nodal offi knowledgement slip signed/ stamped by the designated nod		cer w	here they submit the application.						
	or more info	ormation / clarifications	, con	tact CRA:									
	Call: 022-4			-									
	F	Central Recordkeeping Protean eGov Technolo	gies	Limited									
	1	st Floor, Times Tower,	Kam	ce Infrastructure Limited) ala Mills Compound, Senapati Bapat Marg, 199912									
	L	ower Parel (W), Mumb.	bai - 4	00013									