National Pen	sion	ו Sy	/ste	em	ו) ו	NF	S	5) -	Re	q	ue	es	t f	or	. 5	Su	bs	6C	rik	C	er (Sł	nif	tiı	ng		
Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Limited)																											
(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)																											
Section A -General Information* (Mandatory for all sector Subscribers.)																											
I. Subscriber's Name * F i r s t I M i d d I e L a s t I																											
II. PRAN (Permanent Retirement Account Number) *																											
III. Existing PRAN association (R	efer Instr	uction	No. I)										_														
a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector																											
b) DDO / CBO / POP-SP Re	a. No: *								[_)/C	во) / P(OP-S	SP I	Vamo	e: *	,	L						L		
IV. Target PRAN association (Ref	-	ction N	o II)						-																-		
a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector																											
b) DDO / CBO / POP-SP Reg. No: * DDO / CBO / POP-SP Name: * DDO / CBO / POP-SP Name: *																											
Section B - Additional inform				bers	s shi	iftin	<u>g to</u>	o Gov	erni	mei	nt S	ect	<u>tor</u>														
I. <u>Employment Details</u> (All Detail	s are Mai	ndator	y):																								
Date of Joining d d m y y y y Date of Retirement d d m y <																											
Employee Code/ID (If applicable) Employee Code/ID and PPAN are optional.																											
PPAN (If applicable)																											
Group of Employee (Tick as applicable) Group A Group B Group C Group D																											
Name of the office																											
Department																											
Ministry																											
DDO Registration Number									DTO/	/PAC	D/CD	DO)/DT/	VPrA	NO F	Regis	tratio	on N	lum	ber							
Basic Pay																											
Pay Scale																											
It is certified that employment details provided abov by this office. Also, it is further cert		per the	e servi	ice re	ecord	l of th	ne e		ee m	aint	taine	ed v	vith	us. T	he	giver	n ad	dre	ss ai ot co	nd 1 onfi	he d rme	locu d by	mer him	nts a n/her	r.	erifie	ed
Signature of the Authorised person Rubber stamp of the DDO Signature of the Authorised person Rubber stamp of the DTO																											
Name of the Authorised Person Designation of the Authorised Person																											
Name of the DDO Name of DTO/PAO/CDDO/DTA/PrAO																											
Deptt / Ministry								Da	ate	d	d	m	m	y		у	y	у]								
II. Scheme Preference Details Please Tick ($$) one	<u>:</u>		_					nsion F e my F														elow)				
Pen	sion Fur	nd* (Pl	ease 7	Tick ((√) or	ne)									Ir	ives	tme	nt (Choi	се	(Plea	ase	Tick	(√)	one)	
Aditya Birla Sunlife Pension Mgmt Ltd Axis Pension Fund Management Limited Active Choice (i.e. 100% in Govt Securities)										7																	
HDFC Pension Mgmt Co Ltd ICICI Prudential Pension Funds Mgmt Co Ltd Or										-																	
Kotak Mahindra Pension Fund Ltd										٦																	
Max Life Pension Fund Mgmt Ltd SBI Pension Funds Private Limited TATA Pension Management Pvt Ltd UTI Retirement Solutions Limited																											
Note : If no option is chosen, the of i) LC 50 - It is the Life Cycle fund ii) LC 25 - It is the Life Cycle fund	contribution d where t	the Ca	p to Eq	quity	inve	stme	ents	is 50%	of t	he t																	

Form-ISS (Ver 2.0)

Section C -Additional information for Subscribers shifting to All Citizens of India (UOS) & Corporate Sector										
I. Subscriber Scheme Preferences Details*:										
Do you wish to continue with the existing Pension Fund and Investment Option: Yes No (If 'No, please submit details as below)										
 If Subscriber is shifting to Corporate sector, applicable only if the target C associated employees. 										
ii) Corporate and Government Subscribers Shifting to All Citizen of India (U	OS Sector) can shift with existing scheme choice also.									
Pension Fund* (Please Tick ($\sqrt{1}$) one) Investment Choice (Please Tick ($\sqrt{1}$) one)										
Aditya Birla Sunlife Pension Mgmt Ltd Axis Pension Fund Management										
HDFC Pension Mgmt Co Ltd										
Kotak Mahindra Pension Fund Ltd	% Equity % Corp Bonds % Govt. Sec. % Alt. Assets 100% OR									
Max Life Pension Fund Mgmt Ltd SBI Pension Funds Private Limite										
TATA Pension Management Pvt Ltd UTI Retirement Solutions Limited Conservative (LC25) Moderate (LC50) Aggressive (LC75)										
Selection of one PF is mandatory else form will be rejected. If no investment choice is selected, funds will be invested in Auto choice (LC 50)										
II. KYC details* (Applicable only if Subscriber is shifting from Government Sector)										
Passport	Passport Expiry Date d d m m y y y y									
Driving License	Driving License Expiry Date d d m m y y y y									
Voter ID Card Image: Constraint of the second sec	Proof of possession of Aadhaar									
National Population Register										
a) KYC document accepted for Identity proof :										
b) KYC document accepted for Address proof :										
c) Document accepted for Date of birth proof :										
b) Existing Customer:										
I/we hereby certify/confirm that Shri/Smt/Kum										
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										
customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules.										
I/We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not										
a 'Basic Savings Bank Deposit Account (applicable in case of Bank										
III. Employment Details* (Applicable if Subscriber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)										
Date of Joining d d m y y y y Date of Retirement d d m y <										
Employee Code/ID Non-mandatory if not available										
CHO Registration Number CBO Registration Number										
It is certified that is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. It is further certified that he/she has read entries/										
entries have been read over to him/herby her by us and got confirmed by him/l										
Name of the Authorised Person										
Designation of the Authorised Person										
Date d m m y y y										
Place										
Declaration (Applies to Subs	cribers across all sectors):									
I agree to be bound by the terms and conditions for the target sector (in which										
and understand that CRA may, as approved by PFRDA, amend any of the service signed. Further, I agree to pay all the necessary charges, as applicable, of the										
Date d d m m y y y y Signature/Left Thumb impression	of Subscriber*									
For Office use only (To be filled up by the officer accepting the form)										
	Office Registration Number:									
Received at: Date:										
	Time Stamp									
Details verified by: Date:	Time Stamp Time stamp									
Details verified by: Date: _ Receipt Number issued by the receiving office (only for POP-SP)										

INSTRUCTIONS FOR FILLING THE FORM

- I. Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / CBO / POP-SP with which the PRAN will be associated after shifting.
- III. Please quote the correct PRAN and attach a copy of the PRAN card.
- IV. This form is to be used by the Subscriber only.
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. Employment details are to be captured in CRA system by the target PAO/DTO/DTA/PoP/Corporate along with other details, if the Subscriber is shifting from All Citizens of India sector.
- VII. Nodal Office has to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Subscriber Shifting from Central Government to State Government or vice versa or across two State Governments, i.e, both existing and new PRAN association are Government Sectors.
- VIII. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014).
- IX. In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the authorised official of PoP attesting the same under his/her official seal and stamp.