National Per	nsi	on S	Sys	ste	en	ו (ו	N	PS	5) -	F	Re	qı	le	S	t f	or	. (Su	b	S	cri	ib	e	r٤	Sł	nif	iti	nç	J	
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 Informa	tion*	(Mandat	ory fo	r all s	ecto	r Sub	scrit	oers.))																					
I. Subscriber's Name *	Fi	r s f							Mi	d	d		е			-				L	. a	ı s		t	Т		Т	Τ		1
II. PRAN (Permanent Retireme	nt Acc	ount Nu	mbe	r) * [1]															-
III. Existing PRAN association (Refer	Instructi	on N	o. I)											-															
a) Sector: * 0	Centra	l Goverr	men	t	Γ	S	tate	Gov	vernm	nent	t		All	Ci	tizer	is of	In	dia (UO	S)] (Corp	ora	ate :	Sec	tor]
b) DDO / CBO / POP-SP R	eg. No	o: *									D	DO	/ CE	во	/ P0)P-8	SP	Nam	ie: '	ŧ										_
IV. Target PRAN association (Re	efer In	struction	n No.	II)						_																		-		
a) Sector: *	Centra	l Goverr	men	t		S	tate	Gov	vernm	nent	t		All	Ci	tizer	is of	In	dia (UO	S)] (Corp	ora	ate	Sec	tor]
b) DDO / CBO / POP-SP R	eg. No	D: *									D	DO	/ CE	BO	/ PC)P-8	SP	Nam	ie: '	*										
Section B - Additional infor	matio	on for S	Subs	scril	bers	s sh	iftir	ng t	o Go	ve	rnm	ent	t Se	ect	or															
I. Employment Details (All Deta	ils are	e Manda	tory).																											
Date of Joining	d d	m m	у	у	у	у					Da	te o	f Re	etire	emer	t		d	n	m	у	у	y	у						
Employee Code/ID (If applicable)																	Е	mple	oye	e Co	ode	/ID a	ano	d PP	٩A	lare	e or	otion	al.	
PPAN (If applicable)																	lf	you	inte	end	to p	orovi	ide	e, me	enti	ion a	any	one		
Group of Employee (Tick as applicable)	Grou	ip A	C	Group	Β		G	roup	C		G	oup	D																	
Name of the office																														
Department																														
Ministry																														
DDO Registration Number										D	TO/F	AO/	CDI	DO	/DTA	/PrA	0	Regi	stra	ition	Nu	mbei	r							
Basic Pay																														
Pay Scale																														
employment details provided abo by this office. Also, it is further ce Signature of the Authorised per	ertified	that he	she	has r	read		ies/e	entri		ive	beeı	n rea	ad c	ove		nim/	hei	by	us a		got	con	ifir		by	' hin	n/he	er.		
Name of the Authorised Person									[Des	igna	tion	of t	the	Aut	noris	sed	Pe	sor	۱										
Name of the DDO Name of DTO/PAO/CDDO/DTA/PrAO																														
Deptt / Ministry									I	Date	e d	- (d	m	m	у		у	у	у										
II. <u>Scheme Preference Detail</u> Please Tick (√) one	<u>s :</u>			-					ensior se my															ct bel	low)				
Pe	nsion	Fund*	(Plea	ase T	īck ((√) or	ne)										lı	nves	stm	ent	Ch	oice	ə (l	Plea	se	Tick	(√)) one	e)	
Aditya Birla Sunlife Pension Mgmt Ltd Axis Pension Fund Management Limited Active Choice (i.e. 100% in Govt Securities)										3)	Γ	\neg																		
DSP Pension Fund Managers Private Ltd HDFC Pension Mgmt Co Ltd ICICI Prudential Pension Funds Mgmt Co Ltd Kotak Mahindra Pension Fund Ltd LIC Pension Fund Limited Max Life Pension Fund Mgmt Ltd SBI Pension Funds Private Limited TATA Pension Management Private Ltd UTI Retirement Solutions Limited Itel										Or Conservative (LC25) Auto Choice Moderate (LC50)																				
Note : If no option is chosen, the i) LC 50 - It is the Life Cycle fu ii) LC 25 - It is the Life Cycle fu	e contr nd wh	ere the	Capt	to Ec	quity	inve	stm	ents	is 50)% (of th																			

Form-ISS (Ver 2.1)

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)
i) If Subscriber is shifting to Corporate sector, applicable only if the target Corporate has given the option of selecting scheme preference to the associated employees.
ii) Corporate and Government Subscribers Shifting to All Citizen of India (UOS Sector) can shift with existing scheme choice also.
Pension Fund* (Please Tick (\sqrt{)} one) Investment Choice (Please Tick (\sqrt{)} one)
Aditya Birla Sunlife Pension Mgmt Ltd Axis Pension Fund Management Limited
DSP Pension Fund Managers Private Ltd HDFC Pension Mgmt Co Ltd Kequity % Corp Bonds % Govt. Sec. % Alt. Assets 100%
ICICI Prudential Pension Funds Mgmt Co Ltd Kotak Manindra Pension Fund Ltd
SBI Pension Funds Private Limited TATA Pension Management Private Limited Auto Choice Select one life cycle fund below Conservative (LC25) Moderate (LC50) Aggressive (LC75)
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) Aggressive (LC75)
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 Proof of possession of Aadhaar
NREGA Job Card
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 :
l/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/Kumis not
a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP).
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 Date of Retirement
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/her.
Name of the Authorised Person
Designation of the Authorised Person
Date d d m m y
Place
Declaration (Applies to Subscribers across all sectors):
I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Intersector Shifting request
and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target sector.
Date d m m y y y Signature/Left Thumb impression of Subscriber*
For Office use only (To be filled up by the officer accepting the form)
Received by: Nodal Office Registration Number:
Received at: Date: Time Stamp
Details verified by: Date: Time stamp
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.