GOVERNMENT OF INDIA DEPARTMENT OF TELECOMMUNICATIONS MINISTRY OF COMMUNICATION AND INFORMATION TECHNOLOGY SANCHAR BHAWAN NEW DELHI 110 001 (TA -II SECTION)

No:7-24/TA-II/FA/2012/3442 703170

Dated 20.05.2015

1/6/2015

All Heads of Circles/DG NICF
Director TEC/Director TDSAT/Director (A/Cs-II)

Subject- Revision of Subscriber Registration forms

Kindly find enclosed circular no. CRA/PO&RI/Master/2015/003 dated 31st March, 2015 and AS/MK/SB/201525885 dated 9/04/2015 regarding revision of Subscriber Registration Forms for necessary action at your end please. Copy of the new Subscriber Registration Form is enclosed for ready reference.

(Gp. Capt Vivek Trivedi) Director (Accounts-I) Ph-23036511

Enclosure - 3

NSDL e-Governance Infrastructure Limited Central Recordkeeping Agency Circular



Circular No.: CRA/PO&RI/Master/2015/003

March 31, 2015

Subject: Revision of Subscriber Registration Forms

All Nodal Offices are hereby informed that the existing Subscriber Registration Form has been revised and a new Subscriber Registration Form which is common across all sectors has been notified by Pension Fund Regulatory and Development Authority (PFRDA). The Nodal Offices are advised to use the new Common Subscriber Registration Form from April 1, 2015 for registration of subscribers in National Pension System (NPS).

The Nodal Office are requested to note that the subscribers are required to submit the self-attested copies of supporting documents which needs to be verified with originals by the Nodal Office before submission to CRA-Facilitation Centre for processing. The **Common Subscriber Registration Form** has been enclosed as **Annexure**. Same can also be downloaded from CRA website (www.npscra.nsdl.co.in).

In case any further clarification is required in this regard, you may contact Mr. Sunny Gonsalves at 022-24994856 (E-mail ID -sunnyg@nsdl.co.in) or Mr. Avdhoot Shetye at 022-2499 4949 (E-mail ID -avdhoots@nsdl.co.in).

For and on behalf of

NSDL e-Governance Infrastructure Limited

Mandar Karlekar Asst. Vice President

Encl: a/a

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ADG (DCA)

Dy. No. 191518

Diparc. I/IA)

NATIONAL PENSION SYSTEM (NPS)

	SUBSCRIBER R	EGISTRATION FORM	
0	Please Select your Category [Please tick(\hat{1}	Af8.x
To,			photograph
	Government Sector	Corporate Sector	: of : 4 cm X 2.5 cm
Dea	onal Pension System Trust. All Citizen Model r Sir/Madam,	NPS Lite/Swavalamban	9.78
I he	reby request that an NPS account be opened in my name as per the pa	articulars given below:	
* ind	icates mandatory fields. Please fill the form in English and BLOCK letters	with black ink pen. (Refer general guidelines at instructions page)	
-	PERSONAL DETAILS:		
	Name of Applicant in full Shri Smt. First Name*	(umari	
	Middle Name		
	Last Name		
	Date of Birth* / /	(Date of Birth should be supported by relevant documentary	nrnof)
	Gender [Please tick ($$)] Male Female Other		proory
	Father's Name*		
	(Refer Sr. No. 1 of instructions)		
2.	IDENTITY DETAILS* (Any one of the documents need to be provided)		3 - 30 - 30
	PAN Aadhaar	Voter ID	
	Passport Others	. Diagraphia	r Sr. No. 2 of the instructions.
3.	CORRESPONDENCE ADDRESS DETAILS*	F 16436 16161	7 St. 140. 2 of the instructions.
3.			
	Flat/Room/Door/Block no.	Landmark	
	Premises/Building/Village		
	Road/Street/Lane		
	Area/Locality/Taluk		
	City/Town/District	PIN Code	
	State/U.T.		
4.	PERMANENT ADDRESS DETAILS Tick (√) in the box in o	case the address is same as above.	
	Flat/Room/Door/Block no.		
	Premises/Building/Village	Landmark	
	Road/Street/Lane		
	Area/Locality/Taluk		
	City/Town/District	But 200	
	State/U.T.	PIN Code	
			41)
	Proof of Address (Correspondence/Permanent) Aadhar card Passport Voter ID card Driving License		
			nent of residence
	Latest Gas Bill* Electricity Bill* Telephone[Landline] Bill* "Not more than 3 months old. Please refer Sr. No. 2 of the instructions	Others (please specify)	
5	CONTACT DETAILS		1.11.11.1
	to the same		
	Landline Phone (with STD Code)	Mobile + 9 1	
	Email ID		
	Do you want to subscribe to SMS Alerts : Yes No M	obile number is essential for receiving sms alerts regarding your NPS	account
6.	OTHER DETAILS (Please refer to Sr no. 3 of the instructions)		
	Occupation Details [please tick(√)]		
	Private Sector Government Sector Public Sec	tor Business Professional A	griculture
	Homemaker Student NRI	Other (please specify)	
	Please Tick If Applicable Politically exposed person	Related to Politically exposed Person	
	Income Range (per annum) Upto 1 lac 1 lac to 5 lac		-h
	Educational Qualifications Below SSC SSC HSC		
			o, GIVIA, etc.)
	SUBSCRIBER BANK DETAILS (Please refer to Sr no. 4 of the instructions		
	Account Type [please tick(√)] Saving A/c Current A/c	·	
	Bank A/c Number		
	Bank Name		
	Branch Name		
	Branch Address	PIN Code	
	Bank MICR Code	IFSC Code	

Relationship with the Nominee		Date of	Birth (In case of	Minor)	1 1	
Nominee's Guardian Details (in case of a minor)		Date of	Direct (in case of	Willion)		
Nominee's Guardian						
NDS OPTION PETAILS (Plane Feli ()	LI-Y					
NPS OPTION DETAILS (Please tick (v) as applica I would like to subscribe for Tier II Account also		If yes nies	se submit details in	Anneyure I (Tier I	Il account is not avail	lable for NPS I
		Swavalnm	ban subscribers).	7: 10		able for the o'c
I would like my PRAN to be printed in Hindi	YES NO	If Yes, plea	ase submit details o	n Annexure II		1
(a) LIC Pension Fund Limited (b) SBI Pension (iii) NPS Lite/Swavalamban: NPS Lite Swavalam (iii) All Citizen Model: Subscribers under All Citizen (iv) Corporate Model: Subscribers shall have the o Name of the Pension Fun LIC Pension Fund Limited SBI Pension Funds Private Limited UTI Retirement Solutions Limited ICICI Prudential Pension Funds Managemen Kotak Mahindra Pension Fund Limited Reliance Capital Pension Fund Limited	ban is a group choicen model has the option to choose the and	ce model where sul ption to choose the available PFs as pe Please Tick (√	bscriber has a choice available PFs as p r the below table in	er their choice in the consultation with the	ne table below.	
 Selection of Pension Fund is mandatory both in for the default PF specified by PFRDA. Currentl 	y, SBI Pension Funds	s Private Limited is the	ne default PF.		nat it is deemed that yo	ou nave conser
(ii) INVESTMENT OPTION (Available for All C (Please Tick (√) in the box given below show Active Choice Auto Choice For details on Auto Choice, please refer to the Offe 1. In case you do not indicate any investment op 2. In case you have opted for Auto Choice, DO N	wing your investment. Pleas- tion, your funds will NOT fill up section b	nent option). e note: I be invested in Aut	o Choice		et Allocation instruction	ons will be ign
(Please Tick (√) in the box given below show Active Choice ————————————————————————————————————	wing your investment. Pleastion, your funds will NOT fill up section bice.	nent option). e note: I be invested in Autielow relating to Assive selected the	o Choice set Allocation. In ca 'Active Choice' Note:- The total allo 100%. In case, the	se you do, the Assi investment opti cation across E, C allocation is left b		s must be equ
(Please Tick (√) in the box given below show Active Choice — Auto Choice For details on Auto Choice, please refer to the Offer 1. In case you do not indicate any investment op 2. In case you have opted for Auto Choice, DO N and investment will be made as per Auto Choice, iii) ASSET ALLOCATION (to be filled up only Asset Class — (Cannot exceed 50%) — C	er Document. Pleas- tion, your funds will NOT fill up section b ice. in case you hav	nent option). e note: I be invested in Autielow relating to Assive selected the	o Choice set Allocation. In ca 'Active Choice' Note:- The total allo	se you do, the Assi investment opti cation across E, C allocation is left b	ion)	s must be equ
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Stamp and Signature of the Employer/PoP/Aggregator:

2. DECLARATION BY EMPLOYER/POP/AGGREGATOR	
Applicable to Governme	NOT SECULATE A SECULATION OF THE PROPERTY OF T
(Subscribers Employment Details to be filled and a	
Date of Joining / /	Date of Retirement / /
Employee Code/ID	
Group of Employee (Tick as applicable) Group A Group B	Group C Group D
Office	
Department	
Ministry	m
DDO Registration Number	v
DTO/PAO/CDDO/DTA/PrAO Registration Number	Basic Pay
Pay Scale	
It is certified that the details provided in this subscriber registration form by including the address and employment details provided above are as per the service read entries/entries have been read over to him/her by us and got confirmed by the him by the him by the by the him	employed with us, record of the employee maintained by us. Also, it is further certified that he/she has her.
Signature of the Authorised person Rubber Stamp of the DDO (In the box above) (In the box above)	Signature of the Authorised person (In the box above) Rubber Stamp of the DTO/PAO/CDDO/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 / /
Applicable to Corporal	te Subscribers only
(Subscribers Employment Details to be filled and at	
Date of Joining / /	Date of Retirement / ;
Employee ID	
Corporate Regd. No Allotted by CRA	CBO No. allotted by CRA
Certified that the details provided in this subscriber registration form by	employed with us, including
Signature of the Authorized Person (In the box above) Place Designation of the Authorized Person:	Rubber Stamp of the Corporate (In the box above)
To be filled by POP-SP (Only in case of All	3 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Receipt No. (17 digits)	POP-SP Registration Number
Document accepted for date of Birth Proof:	and the same of th
Copy of PAN card submitted YES NO KYC C Existing Bank Customer:	Compliance YES NO
	is an existing customer of the Bank having fully operative Saving
Bank account no at branct for opening NPS account have been fully complied with. We further confirm that the is not a 'Basic Savings Bank Deposit Account'. Adhaar Based KYC Certificate:	h and KYC norms required for opening Bank Account which match the requirements S. B. a/c of Sh/Smt/Kum
I/we hereby certify that Aadhaar Numberof Sh	n/Smt/Kum has been
checked and the name and address mentioned on the original Aadhaar card are mat	
	Name:
	Designation: Place:
POP-SP Seal Signature of Authorized Signato	ory Date / /
Declaration by the Aggregator (Only in case	e of NPS Lite/Swavalamban Subscribers)
Authorisation by Aggregator's office (NL - AO)	
Certified that the subscriber is registered with the aggregator and he/she has opted to declaration has been signed /thumb impressed before me by	o join NPS. I hereby declare that the subscriber is eligible to join NPS and the above
Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)
Name of the Aggregator	
NPS Lite Account Office (NL-AO) Registration Number NPS	S Lite - Collection Centre (NL - CC) Registration Number
NPS Lite Account Office (NL-AO) Registration Number NPS Membership No. allotted by Aggregator (if any)	S Lite - Collection Centre (NL - CC) Registration Number
	S Lite - Collection Centre (NL - CC) Registration Number
Membership No. allotted by Aggregator (if any)	
Membership No. allotted by Aggregator (if any) Place Date / To be filled by CRA - Facil	
Membership No. allotted by Aggregator (if any) Place Date / / [To be filled by CRA - Facil Received by CRA-FC	litation Centre (CRA-FC)]
Membership No. allotted by Aggregator (if any) Place Date / / [To be filled by CRA - Facil	litation Centre (CRA-FC)] Registration Number

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) 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
- (c) The subscriber 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 subscriber, the application shall not be accepted.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (f) The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- (g) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website http://www.npscra.nsdl.co.in

S.No	Item No.	Item Details		. Instru	ction	S		
Date of Birth Please ensure that the date of birth matches as indicated in the document provided in				ent provided in the support.				
1	1 Father's Name		 If father's name has more than 30 digits, you may fill Annexure II for the same. Father's name is mandatory. However, if applicant does not want to provide father's name, he/she has an option to provide mother's name on Annexure II and the mother's name will be printed on PRAN card If the applicant wants mother's name to be printed instead of Father's name on PRAN Card, he/she must fill Annexure II 					
			S.No	Proof of Identity (Copy of any one)	S.No			
			1 F	Passport issued by Government of India.	1	Passport issued by Government of India		
			2 F	Ration card with photograph.	2	Ration card with photograph and residential address		
			3 E	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph an residential address		
			4 (Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank custome		
				voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address		
			6 \	/alid Driving license with photograph	6	Valid Driving license with photograph and residential address		
				Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the lev- of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Office Judicial Magistrate etc.		
		Identity, Correspondence &	8 F	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly		
2	2,3 & 4	Permanent address details		Adhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identificatio Authority of India clearly showing the address		
			10 ti	lob cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government		
			11 S	dentity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address, issued by any of the following: Central/State Government and it Departments, Statuary/Regulatory Authorities, Publ Sector Undertakings, Scheduled Commercial Banking Public Financial Institutions for their employees.		
			Photo Identity Card issued by Defence, Paramilitary and Police departments.	12	Latest Electricity/water bill in the name of the Subscribe showing the address (less than 3 months old)			
				x-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber showin the address (less than 3 months old)		
			14 F	Photo Credit card.	14	Latest Property/house Tax receipt (not more than on year old)		
			Note:		15	Existing valid registered lease agreement of the house o stamp paper (in case of rented/leased accommodation)		
			(i) If the the op	e account opening form, the document may be accepted as the address indicated on the document submitted for identi rening form, a separate proof of address should be obta dress. If correspondence & Permanent address are differer	a val ty pro ined. nt, the	of differs from the current address mentioned in the account All future communications will be sent to correspondence		
		Other Details (Occupation Details)						
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a for country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, se executives of state-owned corporations, important political party officials.					
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook bank certificate containing Name, Bank Account Number and IFS code should be submitted.					
5	8	Subscriber's Nomination Details	not be			nominees must be integer. Decimals/Fractional values sha all the nominees must be equal to 100. If sum of percentag		
6	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the nodal officer with the official seal and stamp. Left Thumb Impression in case of male and Right Thumb Impression in case of female.					

General Information for Subscribers

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

Website: https://www.npscra.nsdl.co.in

Call: 022-2499-4200

e-mail: info.cra@nsdl.co.in

Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

TIER II DETAILS

I hereby su	ubmit the following deta	ails for activation of Tier – II accou	nt under NPS.		
1. PAN ca	ard Number (Mandatory)				
2. Subsc	ribers Bank Details:	(Mandatory)			
If same	e as Tier I, Please Tick (v	else, provide the details below	v: Savings A/c	Current A/c	
Bank A	/c Number				
Bank N	lame				
Branch	Name				
Branch	Address			PIN CODE	
Bank M	IICR Code		SC Code		
Subscrib	er's Nomination Deta	ails			
If same as	Tier I, Please Tick (v)	else, provide the details below. In	case you desire to nomin	nate more than one person, please f	ill Annexure III.
	of the Nominee:				
		Middle Name		Last Name	
First Nam	e	wilddie Name		Last Name	
4. Date of	f Birth (In case of Minor)	1 1			
5. Relatio	nship with the Nominee:				
		The second secon			
6. Nomine	ee's Guardian Details (in	case of a minor):			
First Nam	e	Middle Name		Last Name	
		•			
Subscrib	er Scheme Preferen	ce (Please refer offer document for fu	uther details):		
		on (Select only one PF): Selection of		in Active and Auto Choice. In case	if you do not indicate
		it is deemed that you have consente			
	n Funds Private Limited				
If same as	Tier I, Please Tick (√)	else, provide the details below			
		Pension Fund Name		Please tick only one (√)	
	LIC Pension Fund I	Limited			
				processors and the state of the	
	SBI Pension Funds	Private Limited			
		A CONTRACTOR OF THE CONTRACTOR		The state of the s	
	UTI Retirement Sol	lutions Limited			
		ension Funds Management Comp		to the second se	
	ICICI Prudential Pe	neign Ellinge Management Comr	oany Limited		
	parameter in the control of the cont	ension runus management Comp			
	Votal: Mahindan Da				* New
	Kotak Mahindra Pe	ension Fund Limited			
		ension Fund Limited			
	Reliance Capital P	ension Fund Limited		•	

Active Choice	Auto Choice	(For deta	ils on Auto	Choice, please	e refer to the Offer Document)
) In case y	ou have opted fo	te any investment option, your funds will be invested in Auto Choice or Auto Choice, DO NOT fill up section (iii) below relating to Asset Allocation. In location instructions will be ignored and investment made as per Auto Choice.
iii). Asset Alloca	tion (to be filled up	only in cas	e you have	selected the 'Act	tive Choice' investment option)
Asset Class	E (Cannot exc 50%)	eed	С	G Total	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 POP.
				100%	
Doclaration & A	uthorization by su	heeribar			
for submission of I further agree to	of any false or income be bound by the to	ect informa erms and c	ition or docu onditions of	iments. provision of serv	ld any pre-existing account under NPS. I understand that I shall be fully liable vices by CRA, from time to time and any amendment thereof as approved by rnished by me. I shall be bound by the terms and conditions for the usage of
	CRA/NPSCAN and				
	der the Prevention				
NPS Trust has the	he right to peruse n	ny financial	profile or sh	nare the informat	rived from legally declared and assessed sources of income. I understand tha tion, with other government authorities. I further agree that NPS Trust has the aw relating to prevention of money laundering.
		92			
Date:					
Place:					Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)
			T	o be filled by	y POP/POP(SP)
DOD OD Darista	tion Number				
POP-SP Registra					
Copy of PAN Card	d Submitted YES	S NO)		
					Name:
					Designation:

Signature of Authorised Signatory

POP-SP Seal

Place:

Date

ADDITIONAL REQUEST DETAILS

. Name of Patrier (required if name exceeds 30 characters and not able to	be covered on page 1 of the application for	iii)
First Name		
Middle Name		
Last Name		
2. Name of Mother (required only if the applicant wants mother's name to be	e printed instead of Father's name on PRAI	N Card)
First Name		
· Middle Name		
Last Name		
100		
 Request for Printing Permanent Retirement Account Num card in Hindi) Please provide the following details in Devnagri script for printing the 	ne PRAN card in Hindi. Also, please	note that the manner in which the names
card in Hindi) Please provide the following details in Devnagri script for printing the are provided in this annexure will be displayed on the PRAN card. Himandatory. Subscriber's Full Name in Him	owever, date of birth will be printed in heart of the	English only. All the given below fields are /Mother's Full Name in Hindi d in the Subscriber Registration form)
card in Hindi) Please provide the following details in Devnagri script for printing the are provided in this annexure will be displayed on the PRAN card. Himmandatory. Subscriber's Full Name in Himmandatory.	owever, date of birth will be printed in heart of the	English only. All the given below fields are //Mother's Full Name in Hindi
card in Hindi) Please provide the following details in Devnagri script for printing the are provided in this annexure will be displayed on the PRAN card. Himmandatory.	owever, date of birth will be printed in heart of the	English only. All the given below fields are /Mother's Full Name in Hindi d in the Subscriber Registration form)
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card in Hindi) Please provide the following details in Devnagri script for printing the are provided in this annexure will be displayed on the PRAN card. Himandatory. Subscriber's Full Name in Himandatory. First Name Middle Name	owever, date of birth will be printed in heart of the	English only. All the given below fields are /Mother's Full Name in Hindi d in the Subscriber Registration form)
card in Hindi) Please provide the following details in Devnagri script for printing the are provided in this annexure will be displayed on the PRAN card. Himandatory. Subscriber's Full Name in Himandatory. First Name Middle Name	owever, date of birth will be printed in heart of the	English only. All the given below fields are /Mother's Full Name in Hindi d in the Subscriber Registration form)
card in Hindi) Please provide the following details in Devnagri script for printing the are provided in this annexure will be displayed on the PRAN card. Himandatory. Subscriber's Full Name in Himandatory. First Name Middle Name	owever, date of birth will be printed in heart of the	English only. All the given below fields are /Mother's Full Name in Hindi d in the Subscriber Registration form)
card in Hindi) Please provide the following details in Devnagri script for printing the are provided in this annexure will be displayed on the PRAN card. Himandatory. Subscriber's Full Name in Himandatory. First Name Middle Name	owever, date of birth will be printed in ndi Father (As selecte Please	English only. All the given below fields are /Mother's Full Name in Hindi d in the Subscriber Registration form)

(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

1st Nominee	2nd Nominee		3rd N	ominee
First Name	First Name		First Name	
Middle Mess	Middle Name			
Middle Name	Middle Name		Middle Name	
Last Name	Last Name		Last Name	
Present Communication address of th	ne nominees:	58 F		
Address of 1st Nominee	Address of 2nd No	minee	Address of	3rd Nominee
				10
	¥1			
Date of Birth* (Only in case of a minor):				
st Nominee / /	2nd Nominee /	1	3rd Nominee /	/
			ord Homines 7	
Relationship with the Nominee:				
1st Nominee	2nd Nominee		3rd No	ominee
Percentage Share:				
st Nominee	% 2nd Nominee	%	3rd Nominee	
Nominee's Guardian Details (Only in ca	ase of a minor):			10
1st Nominee's Guardian Details	2nd Nominee's Guardia	n Details	3rd Nominee's (Guardian Details
First Name	First Name		First Name	Juditalian Details
Middle Name	Middle Name		Middle Name	
Last Name	Last Name		Last Name	
Dated this day of	20 at			
	¥1)			

*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

TO BE FILLED/ATTESTED BY DDO/POP-SP/NL-CC	
Certified t' + the above declaration and	
Certified t' the above declaration and nomination details has been s	igned / thumb impressed before me by Sh/Smt/Ms.
arter he / she have read the enthe	s / entries have been read over to him / her by me and got confirmed by him / her
Rubber Stamp of the DDO/POP-SP/NL-CC	Signature of the Authorised Person
	S and A data recommendation of the second
DO/POP-SP/NL-CC Registration Number	Decimalism of the August Augus
(Allotted by CRA)	Designation of the Authorised Person :
	DDO/POP-SP/NL-CC Office Name :
ate / /	
O BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/P	rAO
	PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number
	(Allotted by CRA):
obber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	
	Signature of the Authorised Person

NSDL e-Governance Infrastructure Limited



Ref: AS/MK/SB/201525885

April 09, 2015

Ms. Simmi R. Nakra
Deputy Director General (A/Cs)
Department of Telecommunications
Room No. 1305, 13th Floor
Sanchar Bhawan
20-Ashoka Road
New Delhi - 110001

Madam,

Sub: Revision of Subscriber Registration Forms

To ease the process of registration of subscribers across all sectors, PFRDA has revised the existing Subscriber Registration Form (S1 form) and introduced a new Subscriber Registration Form (CSRF 1) from April 1, 2015, which is common across all the sectors. CRA, vide its circular no. CRA/PO&RI/Master/2015/003 dated March 31, 2015 (copy enclosed) has circulated the new form along with annexures to all Nodal Offices advising them to use CSRF 1 from April 1, 2015 for registration of subscribers in National Pension System (NPS).

Henceforth, government subscribers will be required to submit the CSRF 1 instead of the S1 Form for registration in CRA system. Along with the form, the subscriber will also be required to submit self attested copies of supporting documents which will be verified by the concerned Nodal Offices before submission to CRA – Facilitation Centres (CRA-FC) for processing. The salient features of the new form are as follows:

- KYC Documents (Address/Identity/Date of Birth proof) to be collected by the Nodal Offices along with CSRF 1
- 2. Subscriber has an option to mention mother's name instead of father's name on the PRAN card. The details should be provided in Additional Request Details (Annexure II

of CSRF 1).

9)

circulate

sile)

1st Floor Times Tower Kamala Mills Compound Senanati Banat Marg Lower Parel Mumbai



- 3. Nomination details are to be mandatorily provided.
- 4. Along with DDO authorisation, PAO/PrAO also need to authorise CSRF 1 Forms.

The last date for acceptance of old S1 Forms is May 31, 2015 subsequent to which only CSRF 1 form will be accepted across all CRA-FCs. You are therefore, requested to issue an advisory to all Nodal Offices sensitising them about usage of CSRF 1.

For any further assistance or clarification, your office may contact Mr. Mandar Karlekar (Tel. 022-24994651, Email ID – mandark@nsdl.co.in) or Mr. Prasenjit Mukherjee (Tel. 022-24994565, Email ID – prasenjitm@nsdl.co.in).

Yours faithfully,

Amit Sinha

Executive Vice President