	NA	TIONAL PENSION	SYSTEM	(NPS) -	SUBSCRIE	BER REG	ISTRATIO	N FORM			
0.0000000000000000000000000000000000000		lect your Central Recordkeep ency (CRA) [Please tick(✓)]		-Governance ucture Ltd.		Karvy Cor Pvt. Ltd.	nputershare	2 4			
		ase select your category ease tick(<')]	Central Govt. All Citizen Mo	del	State Govt. Corporate Se	ector	NPS Lite (GE	OS)			
N D	lear here ' ind KYC	nai Pension System Trust. Sir/Madam. Iby request that an NPS account be icates mandatory fields. Please fill th Number, Retirement Adviser Cod C Number (if applicable)	ne form in English a	nd BLOCK letter	s with black ink pen	. (Refer general guid vernment & NP	S Lite Subscribers	' * Ensemble forestern			
		onumber (if applicable) rement Adviser Code (if applicable)				G	enerated from Centra	ILKYU Registry			
En	1.	PERSONAL DETAILS: (Please Name of Applicant in full First Name'	A	of the instruction: Smt.	Kumari	En a	Mark Mark Street				
		Middle Name							0000		
		Last Name									
		Subscriber's Maiden Name (if any	)						¥		
		Father's Name* (Refer 3r No. 1 of instructions) Mother's Name* (Refer 8r No. 1 of instructions) Father's name will be printed on PRA	ιN card, ln case⊢mot	ther's name to be	ponted instead of fal	her's name [ Plea	ase tick (*) ]				
		Date of Birth*	1	1			d be supported by re	elevant documer	ntary proof)		
		City of Birth*									
		Country of Birth'							9		
		Gender <sup>+</sup> [ Please tick (✓) ] Marital Status <sup>+</sup>	Male Married	Female Unmarried	Others Others	N	ationality*	In-Indian			
		Spouse Name*									
		Refer Sr. No. 1 of instructions; Residential Status*	Indian								
	1 1 212 400 330	PROOF OF IDENTITY (Pol)*	(Any operative des	oursets need to	be presided alone		e Managara basa				
		Passport Passport	(Any one of the doc	Juments need to	be provided along	Passport Ex		1	,		
		Voter ID Card				PAN Card	piry Date	ı	*		
		Driving License					nse Expiry Date	1	1		
		NREGA JOB Card									
		Others	Name of the ID	)				Ple	ease refer Sr. No. 2 of the instructions.		
		UID (Aadhaar)			*****		A E D 002				
		I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies. Benefits and Services) Act. 2016 and the allied rules and regulations notified thereunder. Lunderstand that the Aadhaar details physical and for digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS er the timeframe decided by PFRDA. the regulator of NPS, whichever is later. Lunderstand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.									
		As per the amendments made und NPS If you do not have Aadhaar ar	ler Prevention of M nd / or PAN at prese	ent, please ensui	e that these details	are provided witi	hin six months of sub	omission of this S	and PAN are mandatory under Subscriber Registration Form.		
10	3.	PROOF OF ADDRESS (PoA) [ Please tick (✓), as applicable j	ж	W. C.	ence Address License/UID (Aadhaar)	/Voter ID card/NRE	GA Job Passport /Dri		Aadhaar)/Voter ID card/NREGA Job		
200000000000000000000000000000000000000		#Not more than 3 months old. Please refer Sr No. 2 of the instructions		Caro/Ration Caro Registered Lease		dence	Card/Ration ( Registered Li		nt of residence		
	4.1	CORRESPONDENCE ADDRI	ESS DETAILS*	A RESTRUCTION	2.0 0000000		**************************************				
5		Address Type*	Residential/Bus	siness f	Residential	Business	Registered Of	fice Uns	pecified		
		Flat/Room/Door/Block no.					Landmark				
20		Premises/Building/Village									
		Road/Street/Lane									
		Area/Locality/Taluk									
		City/Town/District State/U,T.						PIN Code			
200	100 100 100	DEDMANEUR ADDRESS	TAILC				,		to the contract of the contrac		
		PERMANENT ADDRESS DE Address Type	TAILS* Residential/Bus		the box in case the Residential	address is same Business	as above. Registered Of	fice Unsi	pecified		
		Flat/Room/Door/Block no.			COMM		Landmark	5.10	pate on many distribution		
		Premises/Building/Village									
		Road/Street/Lane									
		Area/Locality/Taluk									
		City/Town/District						PIN Code			
		State(IIIT									

Tel (Oth (with STD code) + Minibile (Desirable)	separately)
Email ID	separately)
OTHER DETAILS ( Please refer to Sr no. 3 of the instructions )   Occupation Details* { please tick(\(^{\cup}\) }   Private Sector	separately)
Occupation Details* [please tick(*)] Private Sector	separately)
Private Sector Public Sector Government Sector Professional Self Employed Homemaker Student Others (Please Specify) Income Range (per annum) Upto 1 lac 1 lac 15 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above Educational Qualifications Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, e Please Tick If Applicable Politicable Politically exposed person Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instruction in Related to Politically exposed Person (Please refer instructions)  Bank Micro Rode  Subscribers Nomination Details (Please refer to St. No. 5 of the instructions)  Name of the Nominee Relationship with the Nominee Middle Name Last Name  Patent Name  Patent Name Date of Birth (In case of Minor) / / / / / / / / / / / / / / / / / / /	separately)
7. SUBSCRIBER BANK DETAILS (Please refer to Sr. no. 4 of the instructions.)  (If Subscriber mentions any of the bank details, all the bank details will be mandatory except MICR Code.)  Account Type [ please tick(* ) ] Savings Arc Current A/c  Bank Arc Number  Bank Name  Branch Name  Branch Name  Branch Address PIN Code  8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. no. 5 of the instructions)  Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided se First Name  Relationship with the Nominee  Relationship with the Nominee  Nominee's Guardian Details (in case of a minor)  First Name  Middle Name  Date of Birth (In case of Minor)  I would like to subscribe for Tier II Account also YES NO II Yes, please submit details in Annexure I.  (If you wish to activate Ter II account also YES NO II Yes, please submit details in Annexure I.  (If you wish to activate Ter II account also YES NO II Yes, please submit details in Annexure I.  (If you wish to activate Ter II account also YES NO II Yes, please submit details on Annexure II II you wish to activate Ter II account also YES NO If Yes, please submit details on Annexure II II you wish to activate Ter II account also YES NO If Yes, please submit details on Annexure II II YES, please read below conditions before opting for the choice of Pension Funds:  1. Government Sector. For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government.	separately)
(If Subscriber mentions any of the bank details, all the bank details will be mandatory except MICR Code.)  Account Type [please tick(*)] Savings A'c Current A/c  Bank A'c Number  Bank Name  Branch Name  Branch Name  Branch Address PIN Code  8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No. 5 of the instructions)  Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided se First Name  Relationship with the Nominee  Relationship with the Nominee  Nominee's Guardian Details (in case of a minor)  First Name  Middle Name  Last Name  9. NPS OPTION DETAILS (Please tick (*) as applicable)  I would like to subscribe for Tier II Account also YES NO II Yes, please submit details in Annexure I.  (If you wish to activate Tier II account subsequently, you may suomit separate application;Annexure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPs rendering services under NPS and Annaxure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPs rendering services under NPS and Annaxure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPs rendering services under NPS and Annaxure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPS rendering services under NPS and Annaxure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPS rendering services under NPS and Annaxure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPS rendering services under NPS and Annaxure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPS rendering services under NPS and Annaxure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPS rendering services under NPS and Annaxure S10; to the associated Nodal Office or to POP POP-SP of your choice. The le POP-SPS rendering services under NPS and Annaxure S10; to th	
Bank Name Branch Name Branch Address PIN Code  Bank MICR Code	
Branch Name Branch Address  PIN Code  Bank MICR Code  8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions) Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided se First Name  Relationship with the Nominee  Relationship with the Nominee  Relationship with the Nominee  Date of Birth (In case of Minor)  First Name  Middle Name  Last Name  9. NPS OPTION DETAILS (Please tick (*) as applicable)  I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I. (If you wish to activate the II account subsequently, you may suomit separate application/Annexure S10) to the associated Nodal Office or to POP POP-SP of your choice. The lie POP-SPs rendering scruces under NPS and Annexure S10 is available on CRA websito)  I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:  1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government	
Branch Address  Bank MICR Code  Bank Middle Name  Last Name  Bank Name  Bank Name  Bank Middle Name  Last Name  Bank Mindle Name  Last Name  Bank Mind	
8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)  Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided se First Name Middle Name Last Name  Relationship with the Nominee  Relationship with the Nominee  Relationship with the Nominee  Date of Birth (In case of Minor) / /  Nominee's Guardian Details (in case of a minor)  First Name Middle Name Last Name  9. NPS OPTION DETAILS (Please tick (*) as applicable)  I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I.  (If you wish to activate Tier II account subsequently, you may submit separate application(Annexure S10) to the associated Nodal Office or to POP POP-SP of your choice. The list POP-SPs rendering services under NPS and Annexure S10 is available on CRA wobsite)  I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions )  (i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:  1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:	
Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided se First Name Middle Name Last Name  Relationship with the Nominee  Relationship with the Nominee  Relationship with the Nominee  Date of Birth (In case of Minor) / /  Nominee's Guardian Details (in case of a minor)  First Name Middle Name Last Name  9. NPS OPTION DETAILS (Please tick (<) as applicable)  I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I.  (If you wish to activate Tier II account subsequently, you may submit separate application(Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)  I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions )  (i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:  1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government	
Relationship with the Nominee  Relationship with the Nominee  Date of Birth (In case of Minor)  Nominee's Guardian Details (in case of a minor)  First Name  Middle Name  Middle Name  Last Name  9. NPS OPTION DETAILS (Please tick (*/) as applicable)  I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I.  (If you wish to activate Tier II account subsequently, you may submit separate application(Annexure S10) to the associated Nodal Office or to POP POP-SP of your choice. The list POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)  I would like my PRAN to be printed in Hindi  YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions)  (i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:  1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government	
Nominee's Guardian Details (in case of a minor)  First Name  Middle Name  Last Name  9. NPS OPTION DETAILS (Please tick (<) as applicable) I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I. (If you wish to activate Tier II account subsequently, you may submit separate application(Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list POP-SPs rendering services under NPS and Annexure S10 is available on CRA website) I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* ( Please refer to Sr no. 6 of the instructions ) (i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds: 1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:	e list of POP/
Nominee's Guardian Details (in case of a minor)  First Name  Middle Name  Last Name  9. NPS OPTION DETAILS (Please tick (<) as applicable) I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I. (If you wish to activate Tier II account subsequently, you may submit separate application(Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list POP-SPs rendering services under NPS and Annexure S10 is available on CRA website) I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* ( Please refer to Sr no. 6 of the instructions ) (i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds: 1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:	e list of POP/
9. NPS OPTION DETAILS (Please tick (✓) as applicable) I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I. (If you wish to activate Tier II account subsequently, you may submit separate application(Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The Ins POP-SPs rendering services under NPS and Annexure S10 is available on CRA website) I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* ( Please refer to Sr no. 6 of the instructions ) (i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:  1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:	≥ list of POP/
9. NPS OPTION DETAILS (Please tick (✓) as applicable)  I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I.  (If you wish to activate Tier II account subsequently, you may submit separate application(Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The Insert Pop-SPs rendering services under NPS and Annexure S10 is available on CRA website)  I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* ( Please refer to Sr no. 6 of the instructions )  (i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:  1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:	e list of POP/
I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I.  (If you wish to activate Tier II account subsequently, you may submit separate application(Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)  I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II  10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sn no. 6 of the instructions.)  (i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:  1. Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:	e list of POP/
<ol> <li>All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.</li> <li>Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.</li> </ol>	
4. NPS Lite: NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.  Name of the Pension Fund (Please select only one)  Please Tick (*)  Availability of the Pension Funds	
LIC Pension Fund Limited  Available to	
SBI Pension Funds Private Limited Government	
Unit Remember Solutions Limited  Availab	lable to
Kotak Mahindra Pensuan Fund Limuted NPS Litte Citizen Modelt Corpo	porate odel*
Reliance Capital Pension Fund Limited	
HDFC Pension Management Company Limited	
Birla Sunlife Pension Management Limited  * Selection of Pension Fund is mandatory both in Active and Auto Choice .	
(ii) INVESTMENT OPTION	
(Please Tick (*) in the box given below showing your investment option).  Active Choice — Auto Choice  Please note:  1. In case you select Active Choice fill up section (iii) below and it you select Auto Choice fill up section (iv) below.  2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).  3. In case you have noted for Auto Choice and fill up section (iii) below relating to Asset Allocation. The Asset Allocation instructions will be ignored and invest be made as per Auto Choice (LC 50).	estment will
(iii) ASSET ALLOCATION (to be filled up only in case you have selected the 'Active Choice' investment option)	
E C G A Note: 1. The total allocation across E, C, G and A asset classes must be equal to 1  Asset Class (Cannot (Max up to (Max up to (Cannot Total exceed 50%)) 100%) 100%) 100% (Max up to (Cannot Sale the allocation is left blank and/or does not equal 100%, the application shall be receed 50%) 2. Asset class E-Equity and related instruments. Asset class C-Corporate debt and	e rejected.
Specify % Instruments: Asset class G-Government Bonds and related instruments: Asset Specify % A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, In	
(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indic choice of LC, your funds will be invested as per LC 50.	
Life Cycle (LC)Funds Please Tick ( ) Only One  LC 75  Note: 1 LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total 2 LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total	

1.	<b>DECLARATION BY SUBSO</b>	RIBER* ( Please refer	to Sr no. 7 of the instructions )
----	-----------------------------	-----------------------	-----------------------------------

#### Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDAAct, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS, I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view 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 legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities, I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date /

Place:

Signature/Thumb Impression\* of Subscriber in black ink (\* LTI in case of male and RTI in case of females)

12. DECLARATION ON FATCA\* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 8 of the instructions):

## Section I\*

US Person\*

Yes

No

#### Section II\*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars Country (1) Country (2) Country (3)

Country/countries of tax residency

Address Line 1

Address in the jurisdiction for Tax

City/Town/Village

Residence

State

ZIP/Post Code

Tax Identification Number (TIN)/Functional equivalent Number

TIN/ Functional equivalent Number Issuing Country

Validity of documentary evidence provided (Wherever applicable)

I I

"I certify that:

- a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules. 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules.
- b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- g) 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 in law either in India or abroad in the subject matter herein.
- h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date / /

Place:

Signature/Thumb Impression\* of Subscriber in black ink
(\* LTI in case of male and RTI in case of females)

Name of subscriber

		Applicable to Gover	nment Subscribers	only		
	(Subscribers Emplo	yment Details to be filled a	nd attested by the D	eptt. (All Detail:	s are Mandatory	<b>'</b> )
Date	of Joining	į	Date of	Retirement	1	F
Emplo	yee Code/ID (If applicable)					
PPAN	l (If applicable)					
Group	o of Employee (Tick as applicable)	Group A C	Group B Gr	roup C	Group D	
Office						
Depa	rtment					
Minist	try					
DDO	Registration Number					
DTO/F	PAO/CDDO/DTA/PrAO Registration	Number				
Basic	Pay					
Pay S	Scale					
the ac	ertified that the details provided in the details provided in the details probe and employment details probe has read entries/entries have be	vided above are as per the se	rvice record of the em			oyed with us, including is further certified tha
Siç	nature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)		· Authorised person box above)		p of the DTO/PAO/CDDC
Desig	nation of the Authorised Person		Designation of the	ne Authorised Pe	erson	
Name	e of the DDO		Name of DTO/PAC	O/CDDO/DTA/PrAC	)	
Deptt	Ministry		Date	₹ 1		
4. DECLA	RATION BY EMPLOYER/ CORP	ORATE				, , , , , , , , , , , , , , , , , , ,
			orate Subscribers o	nlv		
	(Subscribers Empi	loyment Details to be filled an		-	re Mandatory))	
ate of Joi	ning /	J	Date of Retire	ement	1 1	
mployee (	Code/ID					
oroorate l	Regd. Number (CHO No.) Allotted	hy CRA				
	llotted by CRA	by OTAT				
	*					
mploymer	at the details provided in this sub it details provided above are as pe tries have been read over to him /	r the service record of the em	ployee maintained by	us. Also, it is fu	employed employed in the certified the	d with us, including th at he / she has read th
ate	√ I		Place			
	Signature of the Authorised person	(In the box above)				
	of the Authorised Person					he box above)

-	10		T
	S	21	
	w	4	

er 1.	.1								CSI
15	5. TO BE FILLED BY POP-SP								
	Receipt No. (17 digits)				POP-	SP Reg	gistration N	lumber	
	Document accepted for date of B	Birth Proof:							
	Copy of PAN card submitted	YES	NO	KYC Cor	mpliance Y	'ES	NO		
	Documents Received:		inals Verified) Self Co		ested) True C				
	Identity Verification :	Done		2	*				
	Existing Bank Customer:								
	I/we hereby certify/confirm that Saving Bank account no	for openin	atg NPS account hav	e been fully cor	brancl	h and k	(YC norms	s required for one	ning Bank Account
	Adhaar Based KYC Certificate:								
	I/we hereby certify that Aadhaar and address mentioned on the or	Number riginal Aad	haar card are matchi	of Sh/Smt/Kum.	oned on NPS	annlica	ation form	has been che	cked and the name
		J		ng mar triat morn	01100 011 141 0	аррпсе	AUGU TOTTII.		
					Name.				
					Designate	on:		Place	e
	POP-SP Seal	B	Signature of Autho	rized Signatory	Date		3	t	
					*				
			[To be filled by C	RA - Facilitation	Centre (CRA	\-FC)]			
	Received by			CRA-FC Regis	tration Number				
	Received at						Date	L	I
	Acknowledgement Number (by CRA-F	C)							
	PRAN Alloled								
2.5							÷		
			AC	KNOWLEDGEM	ENT				
i	Name of the Subscriber:								
9	Contribution Amount Remitted:		₹						
	Date of Receipt of Application and	Contributi	on Amount:	I					
						-			
						Stan	np and Sig	nature of the Emp	lloyer/PoP:

# INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

### **General Guidelines**

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) a blank box after each word

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 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 (d) the clear visibility of the face of the subscriber, the application shall not be accepted.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office

(f) I	Name and	Address of the applica	int mentioned on the form, should match with the documentary proof submitted, sion should be verified by the designated officer of POP-SP / Nodal Office.
S.	Item	Item Details	Instructions
No	No.	Personal Details	This Form is applicable to Resident Indians and there is a separate Form for Non-Resident Indians.     Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Ongin (PIO) are not allowed to open PRAN.     The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.
		Spouse Name	If marned, spouse name is mandatory.
1	1	Father's Name	Father's name is mandatory.     If father's name has more than 30 digits, you may fill Annexure II for the same.
		Mother's Name	Mother's name is mandatory     Mother's name has more than 30 digits, you may fill Annexure II for the same.
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.
			S.No Proof of Identity (Copy of any one) 1 Passport issued by Government of India. S.No Proof of Address (Copy of any one) 1 Passport issued by Government of India
Ē			2 Ration card with photograph. 2 Ration card with photograph and residential address
183140131818			<ul> <li>Bank Pass book or certificate with Photograph.</li> <li>Bank Pass book or certificate with photograph and residential address</li> </ul>
			4 Certificate of the POP bank for an existing Bank customer. 4 Certificate of the POP bank for an existing Bank customer.
			5 Voters Identity card with photograph and residential address. 6 Valid Driving license with photograph 6 Valid Driving license with photograph 6 Valid Driving license with photograph and residential address
a completely			7 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 level of Gazetted officer like District Magistrate. Divisional commissioner.
Hatterikola (A.)			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
angled Carlo		Identity, Correspondence & Permanent address	9 Aadhar Card / letter issued by Unique Identification Authority of India 9 Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
THE STREET		details	10. Job 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.
2 2	2, 3 & 4		11 Identity 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.
			Photo, Identity Card issued by Defence, Paramilitary and 12 Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
11111232111111111111111111111111111111			13 Ex-Service Man Card issued by Ministry of Defence to their employees. 13 Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 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 on stamp
Market and a second			paper ( in case of rented/leased accommodation)  Note:
and the company of th			<ul> <li>(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.</li> <li>(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence &amp; Permanent address are different, then proof for both have to be submitted.</li> <li>(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)</li> </ul>
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. In case, subscriber provides bank details, it should be supported by cancelled cheque.  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 or bank certificate containing Name, Bank Account Number and IFS code should be submitted.
<b>1</b> 5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/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 Investment Option	For more details on 'Investment Option', you may visit CRA website. Subscribers from Government sector are currently not allowed to exercise the investment option. As mentioned, your contribution will be invested by default PFs as per the guidelines issued by the Government.
7 7	11	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 designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.
The state of the s			<ul> <li>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India</li> <li>Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.</li> <li>Tax identification Number (TIN): TIN conduct the recorded if it has not been insued by the jurisdiction. However, (TIN): TIN conduct the recorded if it has not been insued by the jurisdiction.</li> </ul>
8 8	12	Declaration by subscriber on FATCA Compliance	<ul> <li>Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)</li> <li>If applicant residence for tax purpose in jurisdiction(s) within India. Permanent Account Number (PAN) to be provided as Tax Identification</li> </ul>
			In case applicant is declaring US person status as No but his/her Country of Birth is US, document evidencing Relinquishment of
13170113501			Citizenship should be provided or reasons for not having relinquishment certificate is to be provided  General Information for Subscribers

### General Information for Subscribers

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.ngscra.nsdl.co.in Call. 022-4090 4242 Address. Central Recordkeeping Agency (CRA) NSDL e-Governance Infrastructure Limited 1st Floor. Times Tower. Kamala Mills Compound. Senapati Bapat Marg Lower Parel (W). Mumbai - 400013

Website https://nps.karvy.com Call. 1800 208 1516 Address Central Recordkeeping Agency (CRA) Karvy Computershare Pvt. Ltd. Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District. Nanakramguda. Serilingampally Mandal, Hyderabad - 500032

# TIER II DETAILS

I hereby submit the following details for activation of Tier - II account under NPS.

1.	PAN card Number (Mandatory) :			
2.	Subscribers Bank Details: (A	All bank details are mandatory except	MICR Code)	
	If same as Tier I, Please Tick (\)	else, provide the details below:	Savings A/c	Current A/c
	Bank A/c Number			
	Bank Name			
	Branch Name			
	Branch Address			PIN CODE
	Bank MICR Code	IFS	Code	
Su	bscriber's Nomination Detail	s		
If s	ame as Tier I, Please Tick (\)	else, provide the details below. In ca	ise you desire to nomina	ite more than one person, please fill Annexure III.
3.	Name of the Nominee:			
F	irst Name	Middle Name		Last Name
-	TO TRAINS	maga rame		
4.	Date of Birth (In case of Minor)	i $J$		
5.	Relationship with the Nominee:			
6.	Nominee's Guardian Details (in ca	use of a minor):		
F	irst Name	Middle Name		Last Name
Su	ıbscriber Scheme Preference			
7.	If same as Tier I, Please Tick (v)	else, provide the details below		
	(i) PENSION FUND SELECTION	N (Tier II): Please read below condition	ns before opting for the ch	oice of Pension Funds:
	* Name of the Pension Funds ar	e given in alphabetical order.		
	Name of the Pension	Fund (Please select only one)	Please Tick (\) Only	One
	Birla Sunlife Pension Manage	ement Limited		
	HDFC Pension Management	Company Limited		
	ICICI Prudential Pension Fur	ds Management Company Limited		
	Kotak Mahindra Pension Fur	d Limited		
	LIC Pension Fund Limited			

(ii) INVESTMENT OPTION

(Please Tick (v) in the box given below showing your investment option).

Active Choice Please note:

Auto Choice

\* Selection of Pension Fund is mandatory both in Active and Auto Choice.

Reliance Capital Pension Fund Limited SBI Pension Funds Private Limited **UTI Retirement Solutions Limited** 

- 1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- 2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- 3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

Date:

	(iii	) ASSET ALLOCATION (	(to be filled up only in cas	se you have selected the 'Act	tive Choice' investment option
--	------	----------------------	------------------------------	-------------------------------	--------------------------------

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	Total	The total allocation across E. C and G asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.  Asset class E-Equity and related instruments: Asset class C-Corporate debt and
Specify %					related instruments: Asset class G-Government Bonds and related instruments.

(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)Funds	Please Tick (\) Only One	
LC 75		Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50	!	3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 25		

### Declaration & Authorization by subscriber

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the National Pension System Trust, of any change in the above information furnished by me, I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-pin (to access CRA/NPSCAN and view details) & T-pin on the CRA website.

## 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 legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Place:		Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of fem					
		To be filled by POP/POP – SP/Nor	dal Office				
POP-SP/Nodal Office Registrati Number	on						
Copy of PAN Card Submitted	YES	NO					
			Name:				
			Designation:				
			Place:				
POP-SP/Nodal Office Seal		Signature of Authorised Signatory	Date	1	1		

# ADDITIONAL REQUEST DETAILS

1.	Name of Father (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)		
	First Name		
	Middle Name		
	Last Name		
2.	Name of Mother (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)		
	First Name		
	Middle Name		
	Last Name		
3.	Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)		
Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only. All the given below find mandatory.			
	Subscriber's Full Name in Hindi  (As selected in the Subscriber Registration form)  Please refer Sr. No. 1 of the instructions.		
	First Name		
	Middle Name		
	Last Name		
	Name:		
	Place:		
	Signature/Thumb Impression* of Subscriber in black ink  Date:		
(* L	TI (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.

2nd Nominee	3rd Nominee
First Name	First Name
	8
Middle Name	Middle Name
Last Name	Last Name
	3
nominees:	
Address of 2nd Nominee	Address of 3rd Nominee
2nd Namings 4	3rd Nominee / /
2 2 TO NOTHINGE F /	SIGNOTHINGS ! !
2nd Nominee	3rd Nominee
% 2nd Nominee	% 3rd Nominee
the second second second second second	3rd Nominee's Guardian Details   First Name
First Name	First Name
Middle Name	Middle Name
	*
Last Name	Last Name
20 at	
	Signature/ Thumb Impression* of the Subscriber
, William	
	First Name  Middle Name  Last Name  Address of 2nd Nominee  2nd Nominee  2nd Nominee  4  2nd Nominee  2nd Nominee  Se of a minor):  2nd Nominee's Guardian Details  First Name  Middle Name  Last Name

TO BE FILLED/ATTESTED BY POP-SP/DDO			
Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms.  after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.			
*			
i			
Rubber Stamp of the POP-SP/DDO	Signature of the Authorised Person		
POP-SP/DDO Registration Number	Designation of the Authorised Person :		
(Allotted by CRA)	POP-SP/DDO Office Name :		
Date / /			
TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO			
	POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number		
	(Allotted by CRA):		
1			
1			
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO	Signature of the Authorised Person		