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	SUBS	SCRI	BER	RE	GIS	STR	ATIO	ON	FOR	M F	OR	RNO	NC	RE	SIC	DEN	IT II	NDI	AΝ	(NI	RI)														
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To,																			•																
National Pension System Trust.																										١,	tt:			٠	۱۵				
Dear Sir/Madam,																												rec togr							
I hereby request that an NPS account be	opene	ed in	my	nan	ne a	as p	er th	ne pa	artic	ular	s gi	ven	be	low	<i>i</i> :													X 2.	•			' I I			
* indicates mandatory fields. Please fill t	he fo	rm i	n En	nglis	h a	nd	BLO	CK le	etter	s wi	ith	blad	ck i	nk p	per	١.											C	^_			120				
1. PERSONAL DETAILS:																										<u> </u>						_			
Name of Applicant in full Shri	Т	Π	Sm	nt.		Π		Κι	ımaı	i																									
First Name*	+																							Т			Т				T				
Middle Name	1																							╅	t	1	\dashv	寸		7	T				
Last Name																								╅	T		\exists	7		T	T				
Date of Birth* d d m m		У	У	У	У					Date	e o	f Bir	th	sho	uld	l be	sur	por	ted	bγ	rele	van	t de	ocu	me	ntar	ry p	roof	f)						
	Fema	le .			Ot	her	s																				7 1-								
Father's Name* F i r s t	T	Ī	┢				Μ	i	d	d	1	е										L	a	S	t	: [\neg	П	I	T	T				
(Refer Sr. No. 1 of																																			
instructions)	丄																								L		ᆚ	丄							
2. IDENTITY DETAILS* (The documen	t nee	ds to	o be	e pr	ovi	de	d)												1						ce of Issue										
Passport No.*												of			m	m	d	d	У	У	У	У	ا	Plac	ce c	of Is	ssue	5							
										Da	te (of E	хр	iry		m	m	d	d	У	У	У	У												
3. PRESENT ADDRESS (OVERSEAS AD	DRE	SS)*						,																											
Flat/Room/Door/Block no.																																			
Premises/Building/Village															La	ndr	mar	k																	
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4. PERMANENT ADDRESS (INDIAN AL	PERMANENT ADDRESS (INDIAN ADDRESS)*																																		
Flat/Room/Door/Block no.																																			
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City/Town.District	ــــــ																							PIN	CO	DE	4	_			1				
State/U.T.	10	Aadhar card / Passport /Voter ID card/ Driving License/Ration Card																																	
Proof of Address submitted to Bank	Reg														ICE	31126	e/R	atio	n C	arc	1	#114	at m	oro	+h-	n 2	mai	nthe	ماط	DIa	250	refer			
(Tick √ as appropriate)		test																										ction		. FIC	ase	reiei			
	Others (please specify)																																		
5. CONTACT DETAILS (Include country	y cod	le fo	r ov	vers	eas	s pl	none	e nu	mb	ers)																									
Landline phone (Overseas No.)	+																																		
Mobile* (Overseas No.)	+													•																					
Email ID*																																			
Do you want to subscribe to SMS Alerts :	Υ	es		N	lo					Ν	Иob	ile nı	umb	oer is	ess	senti	al fo	r rece	ivin	g sm	s ale	rts r	egar	ding	γοι	ır NP	'S ac	coun	nt						
6. OTHER DETAILS (Please refer to Si	no.	3 of	the	ins	tru	cti	ons)																											
Occupation							Servi															Self	f Er	npl	ΟV	ed									
Please Tick If Applicable	†		F	Polit	tica		ехро		d pe	rsor	n							Re	elat	ed				_	exposed Person										
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Educational Qualifications	-	ow S				SS		_	HSO	_		Gra	adı	uate	e	_		ster				Pro	fess					S, CN			:.)	+			
7. SUBSCRIBER BANK DETAILS *(Plea	ise re	efer	to S	ir no	o. 4																					`					<u> </u>				
Account Type (please tick(V))	1	Acco				_	O A																												
Bank A/c Number	 								<u> </u>															T	I	T	丁	丁	Ţ	Т	T	\top			
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						SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)																									
8. SUBSCRIBERS NO	MINATION DETA	ILS* (Please	refer	to Sr. I	No . 5	of the	instru	ctions	s)																						
Name of the Nominee	(You can nominate	e up to a ma	kimun	of 3 n	omine	es and	d if yo	u desi	ire so	please	fill in Ar	nexi	ure III	(Addition	al Nor	nina	tion Forr	n) prov	ided s	epara	tely)										
	First Name										Midd	e Na	ame											Last	Name						
										1]										<u> </u>	<u> </u>								<u> </u>
Relationship with the Date of Birth (In case of												-		.		-				1		1		1							
	•												(d	d		m		m		У	_	У		У		У				
Nominee's Guardian I	First Name										Middl	e Na	ame											Last	Name	<u> </u>					
9. NPS OPTION DETA	-													'			•	•													
I would	like to subscribe fo	or Tier II Aco	count	also			YI	ES		N	Ю		(Pleas	e tick (v) a	applic	able). If yes, p	lease su	bmit c	etails i	in Anr	exure l									
I would like my PR	AN to be printed in	n Hindi					YI	ES		N	10							If Y	es, pl	ease s	ubm	t deta	ls on A	Innex	ure II						
10. PENSION FUND (P	•																														
(i) PENSION FUND SEL	ECTION (Tier I) : T	he Subscribe	er has	the op	tion to	choo	se the	avail	lable	PFs as	per thei	r cho	oice in	the tabl	e belo	w.															
	Na	ame of the	Pensi	on Fu	nd							Pleas	se Ticl	k (√)																	
LIC Pension Fund Limited																															
BBI Pension Funds Private Limited																															
UTI Retirement Solutions Limited																															
ICICI Prudential Pensio		ent Compar	y Ltd																												
Kotak Mahindra Pension Fund Limited																															
Reliance Capital Pension HDFC Pension Manage		d																													
* Selection of Pension Fu			d Auto	Choice	. In cas	e, you	do no	indica	ate a o	choice o	of PF, plea	se no	ote tha	nt it is deer	ned tha	at yo	u have co	nsented	for th	e defa	ult PF	specific	ed by P	RDA.	Current	tly, SBI	Pensio	n Fund	s Privat	te Limit	ted is
the default PF.																															
(ii) INVESTMENT OPTI (Please Tick (v) in the		chowing you	r invo	ctmont	t ontio	n)																									
Active Choi		snowing you		Auto C		11).				1																					
For details on Auto Ch		o the Offer I				ote.																									
In case you do not in							ed in	Auto (Choic	e																					
2. In case you have op	ted for Auto Choice	e, DO NOT fi	l up se	ection b	below	relatin	ng to A	sset A	Alloca	ation. I	n case yo	u do	, the	Asset Allo	cation	inst	tructions	will be	ignor	ed and	d inve	stmen	t will b	e mad	de as p	er Aut	o Choi	ice.			
(iii) Asset Allocation (t	o be filled up only	in case you	have	selecte	ed the	'Activ	e Cho	ice' in	vestr	nent o	ption)																				
Asset Class (6	E Cannot exceed 50%)	С		G		Total		Note:	- The	e total	allocatio	n acı	ross F	, C and G	accet r	·lacc	es must	he eau	al to 1	nn% i	In cas	e the	allocat	ion is	left hl:	ank an	d/or d	nes no	t equa	al 1009	%
(4	dilliot exceed 50%)										hall be re			, e aa e			es mase	De equ		0070.	cas	c,c	u	.01115			u, o. u	000	cque	100	٠,
%		<u> </u>																													
11. DECLARATION BY Declaration & Authoriza	•		Sr no	6 Of th	ne inst	ructio	ns)																								
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																															
	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 bou bound by the terms and												dmer	nt ther	eof as app	roved l	y PF	RDA, who	ether co	mplete	or pa	rtial v	ithout	any ne	v decla	ration	being f	urnishe	ed by n	ne. I sh	all be	
bound by the terms and	conditions for the di	iage or i piii (t	o accc	33 CIVA	una vic	w acta	1137 04	piii o	iii tiit	CIUA W	LDSICC.																				
Declaration under the P																						_									
	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 overnment 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.																														
	ate	Signa	ture/	Thumb	Impre	ession	* of S	ubscri	iber i	n blac	k ink (* L	TI in	case	of																	
d d m m	у у	male	s and	RTI in c	ase of	femal	les)																								
2. DECLARATION BY BANK																															
To be filled by Bank																															
POP-SP Registration N Bank Name and Branc										1																					
KYC Compliance									Yes			Ī		No																	
Document accepted for	or date of Birth Pro	of							res			_		INU																	
Copy of Aadhaar Card,		:ed							Yes					No								(Deta	ls to l	e pro	vided	belov	v)				
Aadhaar Card No		<u> </u>							<u> </u>			PA	AN Ca	ard No.		_			<u>. </u>		<u>. </u>		<u> </u>								
Existing Bank Custome I/we hereby certify/co		nt/Kum		is an e	existing	, NRI	custo	mer o	of the	Bank	having f	ully	opera	tive Savir	ng Ban	k ac	count n	o		at		t	ranch	and k	(YC no	rms re	equire	d for o	penin	g NRI	Bank
Account (NRE/NRO) w																														•	
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Acknowledgement Nu	mber (by CRA-FC)									1												T						,	J	,	,
PRAN Alloted																															
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Stamp and Signature of	of the POP/Bank																														

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's impression should be verified by the designated officer of POP-SP/Bank

			1													
S.No	Item No.	Item Details	Instructions													
		Personal Details	The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.													
1	1	Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.													
		Father's Name	i. If father's name has more than 30 digits, you may fill Annexure II for the same. ii. If the applicant wants mother's name to be printed instead of Father's name on PRAN Card, he/she can fill Annexure II													
			S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)										
			1	Passport issued by Government of India.	1	Passport issued by Government of India										
			2	Ration card with photograph.	2	Ration card with photograph and residential address										
			3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address										
			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.	5	Voters Identity card with photograph and residential address										
			6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address										
			,	Cortificate of identity with photograph signed by a Member of	_	Letter from any recognized public authority at the level of Gazetted officer like District										
			7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.										
			8		8	Certificate of address with photograph signed by a Member of Parliament or Member of										
				PAN Card issued by Income tax department Aadhar Card / letter issued by Unique Identification Authority of		Legislative Assembly Aadhar Card / letter issued by Unique Identification Authority of India clearly showing										
			9	India	9	the address										
		il in e i i	10	Job cards issued by NREGA duly signed by an officer of the State	10	tel and translate NOTCA delected by a 100 CO CO										
2	2, 3 & Pe	Identity, Present & Permanent address		Government		Job cards issued by NREGA duly signed by an officer of the State Government										
	4	details	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.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.										
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)										
			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	Latest Property/house Tax receipt (not more than one year old)										
			14	Photo Credit card.	15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)										
			docum addres	Note: 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. If the address indicated on the document submitted for identity proof differs from the curre address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to permanent address. An NRI subscriber is required to furnish an Indian address for communication and bank details within India.												
		Other Details (Occupation														
3	6	Details)	Fund to	ransfers by NRIs would be subject to regulatory requirements as pre	scribed b	y RBI from time to time and FEMA requirements.										
J	J	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														
5	8	Subscriber's Nomination Details		of more than one nominee, percentage share value for all the nomentage share across all the nominees must be equal to 100. If sum o		ust be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum tage is not equal to 100, entire nomination will be rejected.										
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 males and Right Thumb impression in case of females.													

General Information for Subscribers

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

 $We b site: {\color{blue}\textbf{https://www.npscra.nsdl.co.in}}$

Call: 022-2499-4200

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