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Central Recordkeep	ıng Agency (CRA) -	- NSDL e-Governa	nce Infrastruc	ture Limited	
Please select your category	Central Govt.	State Govt.			Affix
[ Please tick(√) ]	All Citizen Model	Corporate Se	ctor N	NPS Lite (GDS)	recent colour
Please read last page	before filling this	application			photograph of 3.5 cm × 2.5 cm size /
* marked fields are co	mpulsory, incomp	olete applications	3		Passport size
will be rejected			novel avidelines a	at instructions page)	Don't Sign on
KYC Number, Retirement Adviser Co	ode and Spouse Name fields	are not applicable for Go			Photo
KYC Number (if applicable)			Generat	ted from Central KYC Re	egistry
Retirement Adviser Code (If applicable	e)				
1. PERSONAL DETAILS: (Plea	se refer to Sr. No.1 of the inst	tructions)			
Name of Applicant in full	Shri Sm	t. Kumari			
First Name*					
Middle Name					
Last Name	200				
Subscriber's Maiden Name (if ar Father's Name*	1y)				
(Refer Sr. No. 1 of instructions)					
Mother's Name*					
(Refer Sr. No. 1 of instructions) Father's name will be printed on PF	RAN card. In case, mother's nan	ne to be printed instead of fath	ner's name [ Please tio	ck (✓)]	
Date of Birth*	d d 1 m m 1			supported by relevant d	locumentary proof)
City of Birth*					
Country of Birth*					
Gender* [ Please tick (✓) ]	Male Femal	le 🗌 _ Others 🗌	Nation	nality* In-l	ndian 🗌
Marital Status*	Married Unma	rried Others			
Spouse Name* (Refer Sr. No. 1 of instructions)					
Residential Status*	Indian				
2. PROOF OF IDENTITY (Pol)	* (Any one of the documents	need to be provided along y	vith the identification i	numher)	
Passport	() the of the decamente	need to be provided dierig v	Passport Expiry I		
Voter ID Card			PAN Card		, , , , , , ,
Driving License			Driving License E	Expiry Date d d	I m m I y y y y
NREGA JOB Card					
Others	Name of the ID				Please refer Sr. No. 2 of the instructions.
and authenticate my identity (Targeted Delivery of Finan Aadhaar details (physical a inactive in NPS or the timef provided, for the purpose of As per the amendments made un	y through the Aadhaar Authen cial and other Subsidies, Ben nd / or digital, as the case m rame decided by PFRDA, the f Aadhaar based authentication nder Prevention of Money-Lat	tication system (Aadhaar ba lefits and Services) Act, 201 laybe) submitted for availing regulator of NPS, whicheve on is ensured by CRA registe undering (Maintenance of R	sed e-KYC services of and the allied rules of services under NPS or is later. I understandered with PFRDA till secords) Second Amer	of UIDAI) in accordance is and regulations notifie is will be maintained in ind that Security and cor is such time it is acting as indment Rules, 2017 Aa	adhaar and PAN are mandatory unde
NPS. If you do not have Aadhaar	and / or PAN at present, pleas	se ensure that these details a	are provided within six	x months of submission	of this Subscriber Registration Form.
3. PROOF OF ADDRESS (Po	-/	spondence Address	Veter ID and/NIDEOA In	Permanent Add	
[ Please tick (✓), as applicable ] #Not more than 3 months old.		: /Driving License/UID (Aadhaar)/ tion Card/Others			ise/UID (Aadhaar)/Voter ID card/NREGA Jors
Please refer Sr. No. 2 of the instruction	15	ed Lease/Sale agreement of resid Gas/Electricity/Telephone[Landline		Registered Lease/Sale #Latest Gas/Electricity/	agreement of residence Telephone(I andline) Bill
4.4 CORRESPONDENCE ARRI		Sus/Electronty/Telephone[Euridinic	] 5111	#Editost odo/Electricity/	reiepriorie[Euridiirie] Biii
4.1 CORRESPONDENCE ADDI		Posidontial	Pusinosa B	Pagistarad Office	Upoposified
Address Type*	Residential/Business	Residential		Registered Office	Unspecified
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Premises/Building/Village					
Road/Street/Lane Area/Locality/Taluk					
City/Town/District				DINI	Code
State/U.T.					o u n t r y
4.2 PERMANENT ADDRESS D	ETAILS* Tick	x (✓) in the box in case the a	address is same as al	bove.	
Address Type*	Residential/Business	Residential	Business R	Registered Office	Unspecified
Flat/Room/Door/Block no.			La	andmark	
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District				PIN	Code
State/U.T.					

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	ACT DETAILS									
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,	f) (with STD code)						: (with STD code)			
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	ccupation Details			,						
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	Self Employed	d Hom	nemaker	Student		Others	(Please Specify	y)		
▶ In	come Range (pe	annum) L	Jpto 1 lac 🗌	1 lac to 5 lac	;	5 lac to	10 lac	10 lac to 25 lac	25 lac and	d above
▶ Ed	ducational Qualifi	cations E	Below SSC	SSC	HSC	Gradua	ate	Masters P	rofessionals ( CA, C	S, CMA, etc.)
▶ PI	lease Tick If Appli	cable P	olitically expos	sed person		Related to I	Politically expos	sed Person	(Please refer ins	truction no.3)
SUBS	CRIBER BANK I	DETAILS ( PI	ease refer to Sr	no. 4 of the in	structions	)				
(If Sub	scriber mentions	any of the ba	ank details, all	the bank de	tails will	be mandator	ry except MICR	Code.)		
Accour	nt Type [ please t	ick(✓)1	Savings A/c		Current	t A/c				
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Branch	n Name									
Branch	n Address							PI	N Code	
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Bank N	MICR Code					IFS Code				
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Name	of the Nominee (	You can nomin	ate up to a maxir	num of 3 nom	inees and	if you desire s	o please fill in Ann	exure III (Additiona	l Nomination Form) p	provided separatel
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Relatio	onship with the No	minee				Data of D	irth (In agas of I	Minor) d d	1   m   m   1   v	
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Place:

Name of subscriber

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11. DECLARATION BY SUBSCRIBER* ( Plea	se refer to Sr no. 7 of th	e instructions )				
Declaration & Authorization by all subscriber I have read and understood the terms and condit and declare that the information and documents Record Keeping Agency/National Pension Syst understand that I shall be fully liable for submiss I further agree to be bound by the terms and co complete or partial without any new declaration details) & T-PIN.	tions of the National Pens furnished by me are tru- tem Trust, of any chang- sion of any false or incorr conditions of provision of	e and correct, to the best of the in the above information rect information or document services by CRA, from time	of my n fur nts. ne to	y knowledge and belief. I undertake to rnished by me. I do not hold any pre o time and any amendment thereof as	inform e-existing	immediately the Central g account under NPS. I wed by PFRDA, whether
Declaration under the Prevention of Money L  I hereby declare that the contribution paid by m the right to peruse my financial profile or share the found violating the provisions of any law relating	e/on my behalf has been he information, with othe	r government authorities. It				
Date dd lmm lyyy						
				Please Sign in the		
Place :				DOX ignature/Thumb Impression* of	Subs	cribor in black ink
			JI	(* LTI in case of male and RTI		
US Person* Yes No  Section II*  For the purposes of taxation, I am a resident i out below or I have indicated that a TIN/function						
Particulars	onal equivalent is una	Country (1)	113 0	Country (2)		Country (3)
Country/countries of tax residency		Country (1)		Gountly (2)		country (o)
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Address in the jurisdiction for Tay	City/Town/Village					
Address in the jurisdiction for Tax Residence	State					
	ZIP/Post Code					
Tax Identification Number (TIN)/Functional e	equivalent Number					
TIN/ Functional equivalent Number Issuing (	Country					
Validity of documentary evidence provided (WI	nerever applicable)	dd / mm / yyyy		dd I mm I yyyy		d / mm / yyyy
"I certify that:  a) It shall be my responsibility to educate myswith the Rules 114F to 114H of the Incomrules,  b) the information provided by me in the Fornbelief, true, correct and complete and that a Reportable account or otherwise.  c) I permit/authorise the NPS Trust to collect, Trust and any of NPS intermediaries where India of any confidential information for cold I undertake the responsibility to declare a provided in the Form, its supporting Annex provide fresh self-certification along with del I also agree that in case of my failure to disauthority designated by the Government of the NPS Trust if the deficiency is not remeful I hereby accept and acknowledge that the I domain for confirming the information provided or abroad in the subject matter hereinby Leball indomnify NPS Trust for any lose the	m, its supporting Annil have not withheld an store, communicate a ever situated including mpliance with any law and disclose within 30 cures as well as in the ocumentary evidence sclose any material fair India (GOI) /RBI/IRE died by me within the NPS Trust shall have to rided by me to the NP and/or documents as the n.	exures as well as in the ny material information than process information to and process information gesharing, transfer and down or regulation whether of documentary evidence expects, and the purpose stipulated period. The purpose of the purpose	natione do hat relation relation relation relation relation for the relation relatio	comprovided in the Form is in according to the Account and all transations to the Account and all transations between them and to the amestic or foreign.  It is any changes that may take any changes that may take any changes that may report to take any other action as may be a support the any other action as may be a support that the any other action as a support that the any other action as a support that the any other action are action as a support that the any other action as a support that the action action action as a support that the action ac	best of gorization actions authorities e place of the deep cormatic any characteristics.	e with the aforesaid my knowledge and on of the account as therein, by the NPS ies in and/or outside e in the information mes incorrect and to regulator and/or any emed appropriate by on available in public ange in law either in
h) I shall indemnify NPS Trust for any loss the	at may anse to the NF	- 3 Trust on account of p			niiiatio	и.
Date dd lmm mlyyy				Sign in the box		

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

13. DECLARATION BY EMPLOYER												
			Appl	icable i	to Go	vernn	nent Su	ıbscrib	ers or	ıly		
(Subscribers	Employ	ment	Detai	ls to be	fille	d and	atteste	d by th	<del>ie Dep</del>	tt. (All	Details	are Mandatory)
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Employee Code/ID (If applicable)												ode/ID and PPAN are optional. If you intend
PPAN (If applicable)								_			<del>orovide, n</del>	nention any one.
Group of Employee (Tick as app	<del>licable)</del>	Gre	oup A			Gro	up B		Grou	ıb C ┌		Group D
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Basic Pay												
<del>Pay Scale</del>												
It is certified that the details provi the address and employment det he/she has read entries/entries t	tails prov	ided a	boye a	are as p	er the	servi	ce reco					employed with us, including ad by us. Also, it is further certified that
Signature of the Authorized person (In the box above)	on			amp of the		)	Się	,		uthorise x above	ed person )	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Perso	n						Desi	gnation	of the	Autho	rised Pe	rson
Name of the DDO							Name	e of DTO	/PAO/C	DDO/D	TA/PrAO	
Deptt/Ministry							Date		d /	m	m /	у у у у
entries / entries have been read over to	vrite S Allotted b this subs re as per o him / h	R No y CRA criber the se	regist	record o	of the	emplo	oyee ma					of Retirement  — employed with us, including the ther certified that he / she has read the
Date d d I m m I y y								Place				
BM / ZO should Sign	in this	spa	ace				S	Stamp	of E	3ran	ch / Z	onal office
Signature of the Authorise	d person (	In the b	ox abo	ove)			L		D	0′	60	Occurate the think is a line of
Designation of the Authorised Person									Rubbe	er Stan	np of the	e Corporate (In the box above)
15. DECLARATION BY THE AGGRE	GATOR											
_	stered wit n signed	<del>h the a</del> /thumk	iggreg o impr	essed k	d he/s	he ha	s opted	to join	NPS. I		afte	that the subscriber is eligible to join NPS or (s)he has read the entries/ entries have
Name of the Aggregator	o <del>ca perso</del>	(11)	<del>S XUX C</del>	. <del>DUVC)</del>					. <del> </del>	отаннр	<del>or the A</del> g	grogator (iii tile box above)
NPS Lite Account Office (NL-AO) Regist Membership No. afforted by Aggregator	(if any)		   d   d		       n   m	NP		collection	Centre (	NL - CC	) Registrati	ion Number

r 1.1												CSRI
16. TO BE FILLED	BY POP-SP											
Receipt No. (17	digits)					POP-S	SP Regis	stration	Number			
Document acce	pted for date of Birth P	roof:										
Copy of PAN ca	rd submitted YES	NO		KYC Con	nplianc	e YE	s 🗀	NO [				
Documents Rec		Originals Verified) Self	Certified	(Atte	ested)	True Co	pies					
Identity Verificat	tion :	Oone										
Existing Bank	Customer: tify/confirm that Shri/S	mt/Kum				ie an	ovietina	a cueto	mor of th	o Bank l	havina full	v oporativo
Saving Bank ac which match th	e requirements for op	at pening NPS account I	nave been			.branch	and KY	C nor	ms requir	ed for op	pening Bar	nk Account
Adhaar Based I/we hereby cer	KYC Certificate: tify that Aadhaar Numb entioned on the original	per	of Sh/S							been ch	necked and	d the name
To be fi	lled by POP-SP				N	ame:						
					D	esignatio	on:			Pla	ice:	
PC	P-SP Seal	Signature of Au	thorized Sigr	atory	D	ate		1 m	m /			
Received by		[To be filled b		cilitation			-FC)]					
Received at							[	Date		/ m	m / y	
Acknowledgement	Number (by CRA-FC)											
PRAN Alloted												
			ACKNOWI	EDGEM	ENT							<i>,</i>
Name of the Sub	oscriber:											
Contribution Am	ount Remitted:	₹										
Date of Receipt	of Application and Con	tribution Amount:	d d / I	m m /								
							Stam	np and	Signature	e of the E	imployer/P	oP:

## 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.

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
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.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office. Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

S.	Item	Item Details	sion should be verified by the designated officer of POP-SP / Nodal Office.  Instructions								
No	No.	item betails	i. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians.								
		Personal Details	ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. 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 married, 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.								
			In lattice is name has more than 50 digits, you may fill Armexure it for the same.      Mother's name is mandatory								
		Mother's Name	ii. If 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) 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								
		Identity, Correspondence & Permanent address details	7 Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly  8 PAN Card issued by Income tax department  7 Letter from any recognized public authority at the level Gazetted officer like District Magistrate, Divisional commissione BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate et  8 Certificate of address with photograph signed by a Member								
			Parliament or Member of Legislative Assembly								
			9 Aadhar Card / letter issued by Unique Identification Authority of India   Aadhar Card / letter issued by Unique Identification Authority India clearly showing the address								
2	2, 3 & 4		10 Job cards issued by NREGA duly signed by an officer of the State Government  11 Identity card issued by Central/State government and its 11 The identity card/document with address, issued by an officer of the State Government								
	,		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.  The identity card/document with address, issued by any the following: Central/State Government and its Department Statuary/Regulatory Authorities, Public Sector Undertaking Scheduled Commercial Banks, Public Financial Institutions of their employees.								
			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)								
			Ex-Service Man Card issued by Ministry of Defence to their employees.  13 Latest Telephone bill in the name of the Subscriber / Claima 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 standard paper (in case of rented/leased accommodation)  Note:								
		Politically Exposed	<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 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> <li>Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for the proof of the</li></ul>								
3	6	Person	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 Numb 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 Numb and IFS code should be submitted.								
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	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 Thum Impression in case of females.								
		Declaration by	<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 reside for tax purpose in USA.</li> <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. Example</li> </ul>								
8	12	subscriber on FATCA Compliance									

## **General Information for Subscribers**

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- 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:

Website: https://www.npscra.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