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KYC Number (if applicable) Retirement Adviser Code (If applicabl	e)			G	Senerated :	rom Central	KYC Registry		
1. PERSONAL DETAILS: (Plea	•	f the instructions	5)						
Name of Applicant in full First Name* Middle Name Last Name	Shri _	Smt.	Kumari						
Subscriber's Maiden Name (if ar	ny)								
Father's Name* (Refer Sr. No. 1 of instructions) Mother's Name* (Refer Sr. No. 1 of instructions)									
Father's name will be printed on PF Date of Birth*	RAN card. In case, moth			father's name [Plea Date of Birth shoul			ovant docum	ontany proof)	
City of Birth*	0 0 7 111	111 / y y	<u> </u>	Date of Birth should	iu be sup	Dorted by rei	evant docum	lentary proof)	
Country of Birth*									
Gender* [Please tick (✓)]	Male	Female	Others		Nationalit	y*	In-India	n 🗌	
Marital Status* Spouse Name*	Married	Unmarried _	Others	M i d (
(Refer Sr. No. 1 of instructions)									
Residential Status*	Indian								
Voter ID Card Driving License NREGA JOB Card Others	Name of the ID			PAN Card Driving Lice		iry Date		m m /	o 2 of the instruction
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Name of subscriber

er 1.1				CSI					
11. DECLARATION BY SUBSCRIBER* (Please	se refer to Sr no. 7 of the	e instructions)							
Declaration & Authorization by all subscriber	s								
I have read and understood the terms and conditi and declare that the information and documents Record Keeping Agency/National Pension Syste understand that I shall be fully liable for submissi I further agree to be bound by the terms and co complete or partial without any new declaration be	furnished by me are true em Trust, of any change ion of any false or incorre anditions of provision of s	e and correct, to the best e in the above information ect information or docume services by CRA, from tir	of my knowledge and belief. I undertak n furnished by me. I do not hold any ents. ne to time and any amendment thereo	e to inform immediately the Centra pre-existing account under NPS. f as approved by PFRDA, whether					
details) & T-PIN.									
Declaration under the Prevention of Money Land I hereby declare that the contribution paid by me		derived from legally dec	lared and assessed sources of income	Lunderstand that NPS Trust ha					
the right to peruse my financial profile or share the found violating the provisions of any law relating	ne information, with other	government authorities.							
Date dd / mm / y y y									
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):									
	count lax Complian	ce Act) COMPLIANC	E (Please refer to Sr no. 8 of the instru	ctions):					
Section I*									
US Person* Yes No									
100									
Section II*									
For the purposes of taxation, I am a resident in	the following countrie	es and my Tax Identifi	cation Number (TIN)/functional eq	uivalent in each country is set					
out below or I have indicated that a TIN/function									
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 e	quivalent Number								
TIN/ Functional equivalent Number Issuing C	Country								
Validity of documentary evidence provided (Wh	erever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy					
"I certify that: a) It shall be my responsibility to educate mys with the Rules 114F to 114H of the Income rules, b) the information provided by me in the Forn belief, true, correct and complete and that I 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 cord) I undertake the responsibility to declare a provided in the Form, its supporting Annext provide fresh self-certification along with dee) I also agree that in case of my failure to dis authority designated by the Government of the NPS Trust if the deficiency is not remed of I hereby accept and acknowledge that the N domain for confirming the information provided I also agree to furnish such information an India or abroad in the subject matter herein I shall indemnify NPS Trust for any loss that	e tax Rules, 1962 ther m, its supporting Anne have not withheld any store, communicate any ever situated including mpliance with any law nd disclose within 30 ures as well as in the commentary evidence, aclose any material fact findia (GOI) /RBI/IRD died by me within the store with the stor	reunder and the information exures as well as in the year material information and process information sharing, transfer and or regulation whether days from the date of documentary evidence, at known to me, now on DA/PFRDA for the purpostipulated period, the right and authority to S Trust e NPS Trust may require	e documentary evidence are, to the that may affect the assessment/can relating to the Account and all trained disclosure between them and to the domestic or foreign. If change, any changes that may be provided by me or if any certification in future, the NPS Trust may repose or take any other action as made or carry out investigations from the suite from time to time on account of the document of the suite from time to time on account of the suite from time to time the suite from time time the suite from time time time the suite from time time time time time time time tim	ne best of my knowledge and tegorization of the account as insactions therein, by the NPS e authorities in and/or outside take place in the information becomes incorrect and to not to any regulator and/or any ay be deemed appropriate by information available in public of any change in law either in					
Date dd/mm/m//yyyy									
Place:			Signature/Thumb Impression* (* LTI in case of male and						

13. DECLARATION BY EMPLOYER					
	Applicable to	Governme	nt Subscr	ribers only	
(Subscribers Empl	oyment Details to be fil	lled and at	tested by	the Deptt. (All Details a	are Mandatory)
Date of Joining	m m I y y y y		D	ate of Retirement	d I m m I y y y y
Employee Code/ID (If applicable)					de/ID and PPAN are optional. If you intendention any one.
PPAN (If applicable) Group of Employee (Tick as applicable) Group A	Group	B	<u> </u>	Group D
Office) Gloup A	Oloup	В	Gloup C	
Department					
Ministry					
DDO Registration Number					
DTO/PAO/CDDO/DTA/PrAO Registratio	n Number				
Basic Pay					
Pay Scale					
It is certified that the details provided in the address and employment details pr he/she has read entries/entries have b	ovided above are as per	the service			employed with us, including a by us. Also, it is further certified that
Signature of the Authorised person (In the box above)	Rubber Stamp of the E		•	e 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	(iii tile box above)			on of the Authorised Pers	,
Name of the DDO			ŭ	TO/PAO/CDDO/DTA/PrAO	
Deptt/Ministry			Date	d d 1 m m 1 y	ууу
Date of Joining Employee Code/ID Corporate Regd. Number (CHO No.) Allotted CBO No. allotted by CRA Certified that the details provided in this su employment details provided above are as p	bscriber registration former the service record of the	he employe	ee maintair		/ m m / y y y y employed with us, including the ner certified that he / she has read the
entries / entries have been read over to him / Date d d / m m / y y y y	her by us and got confir	rmed by hin	n / her. Plac	ce	
Signature of the Authorised person Designation of the Authorised Person	n (In the box above)			Rubber Stamp of the	Corporate (In the box above)
15. DECLARATION BY THE AGGREGATO	P				
Authorisation by Aggregator's office (Note: Certified that the subscriber is registered and the above declaration has been signed been read over to her/him by me.	Applicabl IL - AO) with the aggregator and h		pted to joi	n NPS. I hereby declare t	
Signature of the Authorized per	con (In the boy above)			Dubbor Stamp of the Aga	regator (In the hey chave)
Signature of the Authorised per Name of the Aggregator	SUIT (ITI THE DOX ADOVE)			Rupper Stamp of the Agg	regator (In the box above)
NAME of the Aggregator NPS Lite Account Office (NL-AO) Registration N Membership No. allotted by Aggregator (if any) Place		NPS L	ite - Collectio	on Centre (NL - CC) Registratio	n Number
	- 200 0 1 111	/ / /	, , , ,		

r 1.1						CSRF
16. TO BE FILLED	BY POP-SP					
Receipt No. (17	digits)			POP-SP R	legistration Number	
Document acce	pted for date of Birth F	roof:				
Copy of PAN ca	rd submitted YES	NO	KYC Comp	iance YES	NO	
Documents Rec		(Originals Verified) Self	f Certified (Attest	ed) True Copies	i	
Identity Verificat	tion :	Done				
Existing Bank		:mt/Kum		ie an ovi	sting customer of the Bank having fully	oporativo
Saving Bank ac which match th	count noe requirements for o	at	have been fully compl	branch and	d KYC norms required for opening Ban orther confirm that the S. B. a/c of Sh	k Account
Adhaar Based I/we hereby cer	KYC Certificate: tify that Aadhaar Num		of Sh/Smt/Kum		has been checked and lication form.	the name
To be fi	lled by POP-SP			Name:		
				Designation:	Place:	
PC	P-SP Seal	Signature of Au	uthorized Signatory	Date	d I m m I y y y y	
Received by Received at		[To be filled b	CRA-FC Registra		Date d d / m m / y	
Acknowledgement	Number (by CRA-FC)					
PRAN Alloted						
			ACKNOWLEDGEMEN	IT		
Name of the Sub	oscriber:					
Contribution Am	ount Remitted:	₹				
Date of Receipt	of Application and Cor	tribution Amount:	d d 1 m m 1			
					Stamp and Signature of the Employer/Po)P:

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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.

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
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.

(ġ) ¯			nt 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. No	Item No.	Item Details	Instructions This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians.									
		Personal Details	 i. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians. 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	i. Father's name is mandatory.									
			ii. If father's name has more than 30 digits, you may fill Annexure II for the same.i. 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 2 Ration card with photograph and residential address 3 Rank Resea healt or extilinate with photograph and residential									
			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 7 Continue of identity with photograph signed by a Mamber of 7 Letter from any recognized multiple systems of the level of									
			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 of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc. 8 Certificate of address with photograph signed by a Member of									
		Identity,	Parliament or Member of Legislative Assembly									
		Correspondence & Permanent address details	of India clearly showing the address									
2	2, 3 & 4	details	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									
	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 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 Photo Credit card. 14 Latest Property/house Tax receipt (not more than one year old)									
			Listing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation) Note:									
			 (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. (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 & Permanent address are different, then proof for both have to be submitted. (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers) Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for 									
3	6	Politically Exposed 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 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.									
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									
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.									
8	12	Declaration by subscriber on FATCA Compliance	resident registration number)									
			 If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided 									

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

Ver 1.1 Annexure I to CSRF

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l he	ereby submit the following def	tails fo	or acti	vatio	on o	f Tie	r – I	l ac	coun	nt ur	nder	NPS																	
	PAN card Number (Mandatory)			_	\top	_	Т	Т	Τ	Π	1																		
	Subscribers Bank Details:		ank de	otaile		man	date	orvo	OVCOR	ot M		Code	.\																
۷.	If same as Tier I, Please Tick (7									igs A	Г				Cur	ren	t A/c	. [
		′ <u> </u>					ı	ı					L					ı		_		ı					1		
	Bank A/c Number																												
	Bank Name																										Ш		
	Branch Name																						_				Ш		
	Branch Address																			F		COD							
							S	State	:/U.T.												С	0	U	n	t	r	У		
	Bank MICR Code								IF	S Co	ode																		
If s	bscriber's Nomination Det ame as Tier I, Please Tick ($$) Name of the Nominee:		se, pro	vide	the	detai	ils b	elow	/. In o	case	you	desi	re to	no	mir	nate	moi	e th	an c	one	pers	son,	plea	ase f	ill Ar	nne	xure	III.	
Fi	rst Name				Mid	dle N	Nam	е									L	ast	Nam	ne									
					L																					<u></u>			
Fii Su	Nominee's Guardian Details (in rst Name bscriber Scheme Preference of Same as Tier I, Please Tick (v.) PENSION FUND SELECTION	ce √)	else,	, pro	Mid		detai	ils b			befor	re opt	ing 1	for t	he (choi			Nam		nds								
	* Name of the Pension Funds	are gi	iven in	alph	abeti	cal o	rder.	:																					
	Name of the Pensi	on Fu	nd (Pl	ease	e sel	ect o	nly c	one)			Ple	ase 1	ick	(√)	On	ly C	ne												
	Birla Sunlife Pension Mana	ageme	ent Lim	nited]														
	HDFC Pension Manageme	ent Co	mpan	y Lin	nited																								
	ICICI Prudential Pension F	unds	Mana	geme	ent C	Comp	any	Lim	ited	_																			
	Kotak Mahindra Pension F	und L	imited																										
	LIC Pension Fund Limited																												
	Reliance Capital Pension			t						_																			
	SBI Pension Funds Private	e Limit	ted							_																			
	UTI Retirement Solutions	Limited	d																										
	* Selection of Pension Fund is ma	andatory	y both ir	n Activ	/e and	d Auto	Cho	ice.																					
	 (ii) INVESTMENT OPTION (Please Tick (√) in the box of Active Choice Please note: 1. In case you select Active 2. In case you do not indice and investment will be 	Auto ve Cho cate ar	Choice fill ny inve	up sestm	section to the section of the sectio	on (ii optioi fill u	i) be n, yo	elow our f	and unds on (iii	if yo	u se be i	nvest	ed i	n Aı	uto	Cho	oice	(LC	50).				tion	inst	ruct	ions	s will	be	gnored

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(iii	ASSET ALLOCATION	(to be filled up onl	v in case	you have selected the	'Active Choice' investment	option

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	Total	Note
Specify %					

e: 1. 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.

2. Asset class E-Equity and related instruments; Asset class C-Corporate debt and 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		
LC 50		
LC 25		

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 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset

Declaration & Authorization by subscriber

POP-SP/Nodal Office Registration

Number

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.

Date:			
Place:			

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

To be filled by POP/POP - SP/Nodal Office

Copy of PAN Card Submitted YES NO			
		Name:	
		Designati	on:
		Place:	
POP-SP/Nodal Office Seal	Signature of Authorised Signatory	Date	d d I m m I y y y y

Ver 1.1 Annexure II to CSRF

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Name of Father (requi	red if name	e exc	eeds	30 c	chara	cters	s and	d not	able	e to b	e cov	vered	on p	age 1	of the	e app	icatio	n fo	rm)																
First Name																																			
Middle Name																																			
Last Name																																			
Name of Mother (requ	arme 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																																			
card in Hindi) Please provide the follo	elease provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the name																																		
mandatory.	re 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 fields a pandatory.																																		
	Subscriber's Full Name in Hindi																										Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form)								
			Sub	scri	iber	's Fı	ıll N	lame	e in	Hin	di																								
			Sub	scri	iber	's Fu	all N	lame	e in	Hin	di					(As se	elect	ed in	the	Subs		er R	egist	tratio	n fo									
First Name			Sub	scri	iber	's Fu	all N	lame	e in	Hin	di					(As se	elect	ed in	the	Subs	scribe	er R	egist	tratio	n fo									
Middle Name			Sub	scri	iber	's Fu	all N	lame	e in	Hin	di					(As se	elect	ed in	the	Subs	scribe	er R	egist	tratio	n fo									
			Sub	oscri	iber	's Fu	all N	lame	e in	Hin	di					(As se	elect	ed in	the	Subs	scribe	er R	egist	tratio	n fo									
Middle Name			Sub	escri	iber	's Fu	ıll N	lame	e in	Hin	di					(As se	elect	ed in	the	Subs	scribe	er R	egist	tratio	n fo									
Middle Name			Sub	escri	iber	's Fu	ıll N	lame	e in	Hin	di	Nan	ne:			(As se	elect	ed in	the	Subs	scribe	er R	egist	tratio	n fo									
Middle Name			Sub	escri	iber	's Fu	III N	lame	e in	Hin		Nan				(As se	elect	ed in	the	Subs	scribe	er R	egist	tratio	n fo									
Middle Name	mpressio									Hin			ce:	d	d		As se	elect	ed in	the	No.	1 of	er Ri	egisi	tratic	n fo									

Ver 1.1 Annexure III to CSRF

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.

1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
2. Present Communication address of the non	ninees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee	2nd Nominee ddd 1 m m 1 y y y	y 3rd Nominee d d / m m / y y y y
4. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share:		
1st Nominee %	2nd Nominee	3rd Nominee 9
6. Nominee's Guardian Details (Only in case of	a minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
Dated this day of	20 at	
Dated this day of	20 at	
	Si	ignature/ Thumb Impression* of the Subscriber

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то ве	FILLED/ATTESTED BY POP-SP/DDO/NL-CC	
Certifie	ed that the above declaration and nomination details has been signed	/ thumb impressed before me by Sh/Smt/Ms
	_	ies have been read over to him / her by me and got confirmed by him / her.
	Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person
POP-S	P/DDO/NL-CC Registration Number	Designation of the Authorised Person :
	tted by CRA)	•
		POP-SP/DDO/NL-CC Office Name :
Date	d d I m m I y y y y	
		I
TO BE	FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
		(Allotted by CRA):
Pubbo	r Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	
Nubbe	Totalily of the Totaleor-Standing Told International-Admic-Od	Signature of the Authorised Person
		1