

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) – NSDL e-Governance Infrastructure Limited

Affix
recent colour
photograph of
3.5 cm × 2.5 cm size /
Passport size

| | | | | | | |
|---------------------------------------------------|-------------------|--------------------------|------------------|--------------------------|----------------|--------------------------|
| Please select your category [Please tick(✓)] | Central Govt. | <input type="checkbox"/> | State Govt. | <input type="checkbox"/> | NPS Lite (GDS) | <input type="checkbox"/> |
| | All Citizen Model | <input type="checkbox"/> | Corporate Sector | <input type="checkbox"/> | | |

To,
National Pension System Trust.
Dear Sir/Madam,
I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

| | | |
|-----------------------------------------|--|-------------------------------------|
| KYC Number (if applicable) | | Generated from Central KYC Registry |
| Retirement Adviser Code (If applicable) | | |

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------|---------------------------------|
| Name of Applicant in full | Shri <input type="checkbox"/> | Smt. <input type="checkbox"/> | Kumari <input type="checkbox"/> |
| First Name* | | | |
| Middle Name | | | |
| Last Name | | | |
| Subscriber's Maiden Name (if any) | | | |
| Father's Name* | F i r s t M i d d l e L a s t | | |
| (Refer Sr. No. 1 of instructions) | | | |
| Mother's Name* | F i r s t M i d d l e L a s t | | |
| (Refer Sr. No. 1 of instructions) | | | |
| Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)] <input type="checkbox"/> | | | |
| Date of Birth* | d d / m m / y y y y (Date of Birth should be supported by relevant documentary proof) | | |
| City of Birth* | | | |
| Country of Birth* | | | |
| Gender* [Please tick (✓)] | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Others <input type="checkbox"/> |
| Marital Status* | Married <input type="checkbox"/> | Unmarried <input type="checkbox"/> | Others <input type="checkbox"/> |
| Spouse Name* | F i r s t M i d d l e L a s t | | |
| (Refer Sr. No. 1 of instructions) | | | |
| Residential Status* | Indian | | |

2. PROOF OF IDENTITY (Pol)* (Any one of the documents need to be provided along with the identification number)

| | | | |
|-----------------|----------------|-----------------------------|-------------------------------------------------------------|
| Passport | | Passport Expiry Date | d d / m m / y y y y |
| Voter ID Card | | PAN Card | |
| Driving License | | Driving License Expiry Date | d d / m m / y y y y |
| NREGA JOB Card | | | |
| Others | Name of the ID | | I D N u m b e r Please refer Sr. No. 2 of the instructions. |

☐ 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. I understand that the Aadhaar details (physical and / or 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 or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand 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 under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 3. PROOF OF ADDRESS (PoA)* [Please tick (✓), as applicable] #Not more than 3 months old. Please refer Sr. No. 2 of the instructions | Correspondence Address | Permanent Address |
| | Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others | Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others |
| | Registered Lease/Sale agreement of residence | Registered Lease/Sale agreement of residence |
| | #Latest Gas/Electricity/Telephone[Landline] Bill | #Latest Gas/Electricity/Telephone[Landline] Bill |

4.1 CORRESPONDENCE ADDRESS DETAILS*

| | | | | | |
|---------------------------|-----------------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------------|--------------------------------------|
| Address Type* | Residential/Business <input type="checkbox"/> | Residential <input type="checkbox"/> | Business <input type="checkbox"/> | Registered Office <input type="checkbox"/> | Unspecified <input type="checkbox"/> |
| Flat/Room/Door/Block no. | Landmark | | | | |
| Premises/Building/Village | | | | | |
| Road/Street/Lane | | | | | |
| Area/Locality/Taluk | | | | | |
| City/Town/District | PIN Code | | | | |
| State/U.T. | C o u n t r y | | | | |

4.2 PERMANENT ADDRESS DETAILS* ☐ Tick (✓) in the box in case the address is same as above.

| | | | | | |
|---------------------------|-----------------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------------|--------------------------------------|
| Address Type* | Residential/Business <input type="checkbox"/> | Residential <input type="checkbox"/> | Business <input type="checkbox"/> | Registered Office <input type="checkbox"/> | Unspecified <input type="checkbox"/> |
| Flat/Room/Door/Block no. | Landmark | | | | |
| Premises/Building/Village | | | | | |
| Road/Street/Lane | | | | | |
| Area/Locality/Taluk | | | | | |
| City/Town/District | PIN Code | | | | |
| State/U.T. | C o u n t r y | | | | |

5. CONTACT DETAILS

| | | | | | |
|----------------------------|---|-----|---------------------------------------------------------------------|---|--|
| Tel. (Off) (with STD code) | + | | Tel. (Res): (with STD code) | + | |
| Mobile (Desirable) | + | 9 1 | (Mobile Number is required for communication and to get SMS alerts) | | |
| Email ID | | | | | |

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

► Occupation Details* [please tick(✓)]

| | | | | | | | |
|----------------|--------------------------|---------------|--------------------------|-------------------|--------------------------|-------------------------|--------------------------|
| Private Sector | <input type="checkbox"/> | Public Sector | <input type="checkbox"/> | Government Sector | <input type="checkbox"/> | Professional | <input type="checkbox"/> |
| Self Employed | <input type="checkbox"/> | Homemaker | <input type="checkbox"/> | Student | <input type="checkbox"/> | Others (Please Specify) | |

► Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 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, etc.) ☐

► Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐ (Please refer instruction no.3)

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 A/c | <input type="checkbox"/> | Current A/c | <input type="checkbox"/> |
| Bank A/c Number | | | | |
| Bank Name | | | | |
| Branch Name | | | | |
| Branch Address | | | | PIN Code |
| | State/U.T. | | | C o u n t r y |
| Bank MICR Code | IFS 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 separately)

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
| | | |

| | |
|-------------------------------|----------------------------------|
| Relationship with the Nominee | Date of Birth (In case of Minor) |
| | d d / m m / y y y y |

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 of POP/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:**

- Government Sector:** For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:
(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.
- All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
- Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
- 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 | <input type="checkbox"/> | Available to Government Sector | Available to NPS Lite | Available to All Citizen Model* |
| SBI Pension Funds Private Limited | <input type="checkbox"/> | | | |
| UTI Retirement Solutions Limited | <input type="checkbox"/> | | | |
| ICICI Prudential Pension Funds Management Company Limited | <input type="checkbox"/> | | | |
| Kotak Mahindra Pension Fund Limited | <input type="checkbox"/> | | | |
| Reliance Capital Pension Fund Limited | <input type="checkbox"/> | | | |
| HDFC Pension Management Company Limited | <input type="checkbox"/> | | | |
| Birla Sunlife Pension Management Limited | <input type="checkbox"/> | Available to Corporate Model* | Available to NPS Lite | Available to All Citizen Model* |

* 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:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- 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).

(iii) ASSET ALLOCATION (to be filled up only 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%) | A (Cannot exceed 5%) | Total | Note: 1. The total allocation across E, C, G and A 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; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invltvs etc. |
|-------------|--------------------------|-----------------------|-----------------------|-------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Specify % | | | | | | |

(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 | 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 |
|----------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LC 75 | <input type="checkbox"/> | |
| LC 50 | <input type="checkbox"/> | |
| LC 25 | <input type="checkbox"/> | |

13. DECLARATION BY EMPLOYER**Applicable to Government Subscribers only****(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))**

| | | | |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Joining | <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> | Date of Retirement | <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> |
| Employee Code/ID (If applicable) | <input type="text"/> | | |
| PPAN (If applicable) | <input type="text"/> | | |
| Group of Employee (Tick as applicable) | Group A <input type="checkbox"/> | Group B <input type="checkbox"/> | Group C <input type="checkbox"/> Group D <input type="checkbox"/> |
| Office | <input type="text"/> | | |
| Department | <input type="text"/> | | |
| Ministry | <input type="text"/> | | |
| DDO Registration Number | <input type="text"/> | | |
| DTO/PAO/CDDO/DTA/PrAO Registration Number | <input type="text"/> | | |
| Basic Pay | <input type="text"/> | | |
| Pay Scale | <input type="text"/> | | |

Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

| | | | |
|----------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of the Authorised person (In the box above) | Rubber Stamp of the DDO (In the box above) | Signature of the Authorised person (In the box above) | Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above) |
| Designation of the Authorised Person | <input type="text"/> | Designation of the Authorised Person | <input type="text"/> |
| Name of the DDO | <input type="text"/> | Name of DTO/PAO/CDDO/DTA/PrAO | <input type="text"/> |
| Deptt/Ministry | <input type="text"/> | Date | <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> |

14. DECLARATION BY EMPLOYER/ CORPORATE**Applicable to Corporate Subscribers only****(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))**

| | | | |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Joining | <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> | Date of Retirement | <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> |
| Employee Code/ID | <input type="text"/> | | |
| Corporate Regd. Number (CHO No.) Allotted by CRA | <input type="text"/> | | |
| CBO No. allotted by CRA | <input type="text"/> | | |

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

| | | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------|
| Date | <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> | Place | <input type="text"/> |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |
| Signature of the Authorised person (In the box above) | | Rubber Stamp of the Corporate (In the box above) | |
| Designation of the Authorised Person | | <input type="text"/> | |

15. DECLARATION BY THE AGGREGATOR**Applicable to NPS Lite Subscribers****Authorisation by Aggregator's office (NL - AO)**

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me byafter (s)he has read the entries/ entries have been read over to her/him by me.

| | | | |
|-------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |
| Signature of the Authorised person (In the box above) | | Rubber Stamp of the Aggregator (In the box above) | |
| Name of the Aggregator | | <input type="text"/> | |
| NPS Lite Account Office (NL-AO) Registration Number | <input type="text"/> | NPS Lite - Collection Centre (NL - CC) Registration Number | <input type="text"/> |
| Membership No. allotted by Aggregator (if any) | <input type="text"/> | | |
| Place | <input type="text"/> | Date | <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> |

| | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|----------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|----------------------------------------------------------|--|
| 16. TO BE FILLED BY POP-SP | | | | | | | | | | | |
| Receipt No. (17 digits) <input style="width: 100px;" type="text"/> | | | | | | POP-SP Registration Number <input style="width: 100px;" type="text"/> | | | | | |
| Document accepted for date of Birth Proof: <input style="width: 200px;" type="text"/> | | | | | | | | | | | |
| Copy of PAN card submitted | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | KYC Compliance | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Documents Received: | | <input type="text"/> (Originals Verified) | | | | <input type="text"/> Self Certified | | <input type="text"/> (Attested) True Copies | | | |
| Identity Verification : | | <input type="text"/> Done | | | | | | | | | |
| Existing Bank Customer: | | | | | | | | | | | |
| I/we hereby certify/confirm that Shri/Smt/Kumis an existing customer of the Bank having fully operative Saving Bank account no.....at.....branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kumis not a 'Basic Savings Bank Deposit Account' | | | | | | | | | | | |
| Adhaar Based KYC Certificate: | | | | | | | | | | | |
| I/we hereby certify that Aadhaar Numberof Sh/Smt/Kum.....has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form. | | | | | | | | | | | |
| To be filled by POP-SP | | | | | | Name: | | | | | |
| | | | | | | Designation: | | | | Place: | |
| POP-SP Seal | | Signature of Authorized Signatory | | | | Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | | | | | |

[To be filled by CRA - Facilitation Centre (CRA-FC)]

[illegible]

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted: ₹

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP:

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) In case, you mention the KYC number submission of proof for the same is necessary.
- (c) 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.
- (d) 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.
- (e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

| S. No | Item No. | Item Details | Instructions | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 1 | 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. | |
| | | 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. | |
| | | Mother's Name | i. Mother's name is mandatory 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. | |
| 2 | 2, 3 & 4 | Identity, Correspondence & Permanent address details | 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 |
| | | | 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, 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 |
| | | | 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 |
| | | | 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 |
| | | | 11 Identity card issued by Central/State government and its Departments, statutory/ 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 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 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) | | | |
| 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. | |
| 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 Thumb Impression in case of females. | |
| 8 | 12 | Declaration by subscriber on FATCA Compliance | Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India • 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. • 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) • 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

- a) 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.npsra.nsd.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

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:** (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

State/U.T. C o u n t r y

Bank MICR Code IFS Code

Subscriber’s Nomination Details

If same as Tier I, Please Tick (✓) ☐ else, provide the details below. In case you desire to nominate more than one person, please fill Annexure III.

3. Name of the Nominee:

| | | |
|----------------------|----------------------|----------------------|
| First Name | Middle Name | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. Date of Birth (In case of Minor)

5. Relationship with the Nominee:

6. Nominee's Guardian Details (in case of a minor):

| | | |
|----------------------|----------------------|----------------------|
| First Name | Middle Name | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Subscriber Scheme Preference

7. If same as Tier I, Please Tick (✓) ☐ else, provide the details below

(i) **PENSION FUND SELECTION (Tier II) : Please read below conditions before opting for the choice of Pension Funds:**

* Name of the Pension Funds are given in alphabetical order.

| Name of the Pension Fund (Please select only one) | Please Tick (✓) Only One |
|-----------------------------------------------------------|--------------------------|
| Birla Sunlife Pension Management Limited | <input type="checkbox"/> |
| HDFC Pension Management Company Limited | <input type="checkbox"/> |
| ICICI Prudential Pension Funds Management Company Limited | <input type="checkbox"/> |
| Kotak Mahindra Pension Fund Limited | <input type="checkbox"/> |
| LIC Pension Fund Limited | <input type="checkbox"/> |
| Reliance Capital Pension Fund Limited | <input type="checkbox"/> |
| SBI Pension Funds Private Limited | <input type="checkbox"/> |
| UTI Retirement Solutions Limited | <input type="checkbox"/> |

* 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 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).

(iii) ASSET ALLOCATION (to be filled up only 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: 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. |
|-------------|--------------------------|-----------------------|-----------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Specify % | | | | | |

(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 | 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 |
|-----------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LC 75 | | |
| LC 50 | | |
| 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.

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

POP-SP/Nodal Office Registration Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Copy of PAN Card Submitted

YES

☐

NO

☐

| | | |
|--------------------------|-----------------------------------|--------------|
| | | Name: |
| | | Designation: |
| | | Place: |
| POP-SP/Nodal Office Seal | Signature of Authorised Signatory | Date |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| d | d | / | m | m | / | y | y | y | y |
|---|---|---|---|---|---|---|---|---|---|

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 names 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 fields are mandatory.

| | Subscriber’s Full Name in Hindi | Father/Mother’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: <table><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> | d | d | / | m | m | / | y | y | y | y |
| d | d | / | m | m | / | y | y | y | y | | |

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

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.

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

| 1st Nominee | | | | | | | | | | 2nd Nominee | | | | | | | | | | 3rd Nominee | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|
| First Name | | | | | | | | | | First Name | | | | | | | | | | First Name | | | | | | | | | |
| Middle Name | | | | | | | | | | Middle Name | | | | | | | | | | Middle Name | | | | | | | | | |
| Last Name | | | | | | | | | | Last Name | | | | | | | | | | Last Name | | | | | | | | | |

2. Present Communication address of the nominees:

[illegible]

3. Date of Birth* (Only in case of a minor):

1st Nominee / / 2nd Nominee / / 3rd Nominee / /

4. Relationship with the Nominee:

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|-------------|-------------|-------------|
| | | |

5. Percentage Share:

| | | | | | | | | | | | | | | |
|-------------|----------------------|----------------------|----------------------|---|-------------|----------------------|----------------------|----------------------|---|-------------|----------------------|----------------------|----------------------|---|
| 1st Nominee | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | 2nd Nominee | <input type="text"/> | <input type="text"/> | <input type="text"/> | % | 3rd Nominee | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
|-------------|----------------------|----------------------|----------------------|---|-------------|----------------------|----------------------|----------------------|---|-------------|----------------------|----------------------|----------------------|---|

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 _____

Signature/ Thumb Impression* of the Subscriber

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

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

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.

| |
|--------------------------------------|
| |
| Rubber Stamp of the POP-SP/DDO/NL-CC |

| |
|------------------------------------|
| |
| Signature of the Authorised Person |

POP-SP/DDO/NL-CC Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO/NL-CC Office Name : _____

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| d | d | / | m | m | / | y | y | y | y |
|---|---|---|---|---|---|---|---|---|---|

TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Rubber Stamp of the 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): _____

Signature of the Authorised Person