


SUBSCRIBER REGISTRATION FORM																								
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Aadhaar based registration					Non Aadhaar based registration					<input checked="" type="checkbox"/>														
Please Select your Category					All Citizen Model					Corporate Sector										<input checked="" type="checkbox"/>				
Select your Central Recordkeeping Agency (CRA)					NSDL eGovernance Infrastruture Ltd					<input checked="" type="checkbox"/>										Karvy Computer Infrastruture Ltd				
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 :																								
KYC Number																								
Retirement Advisor Code																								
1. PERSONAL DETAILS:																								
Name of Applicant in full					Shri				Smt				Kumari											
First Name *					PONGURU NAVEEN																			
Middle Name																								
Last Name																								
Maiden Name (if any*)																								
Father's Name*					SREENIVASULU PONGURU																			
Mother's Name*					SARADAMMA PONGURU																			
Date of Birth *					01 / 07 / 1992																			
City of Birth *					NELLORE																			
Country of Birth					INDIA																			
Marital Status*					<input type="checkbox"/> Married		<input checked="" type="checkbox"/>		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Others		Gender *		<input checked="" type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Others					
Nationality*					IN-Indian		<input checked="" type="checkbox"/>																	
Spouse Name*																								
Residential Status*					Indian																			

2. PROOF OF IDENTITY(PoI)*														
Passport					Passport expiry Date									
Voter ID Card					PAN Card					AVIPN0459M				
Driving License					Driving License expiry Date									
UID (Aadhaar)					High School Mark sheet									

3. PROOF OF ADDRESS (PoA)*																																
Proof of Address					Passport				Driving License				Aadhaar card				Voter ID card				NREGA Job Card				Ration Card				Others			
					Registered Lease				Sale agreement of residence				Property Tax Receipt				Bank passbook				POP Certificate											
					Latest Gas Bill				Electricity Bill				Telephone[Landline] Bill				CG/SG ID Card				Signed letter from class 1 office											

4.1 CORRESPONDENCE ADDRESS DETAILS*																			
Address Type*					<input type="checkbox"/> Residential/Business		<input checked="" type="checkbox"/> Residential		<input type="checkbox"/> Business		<input type="checkbox"/> Registered		<input type="checkbox"/> Unspecified						
Flat/Room/Door/Block no.					1-177														
Landmark																			
Premises/Building/Village					KOVURU														
Road/Street/Lane					WEST STREET														
Area/Locality/Taluka					GANGAVARAM														
City/Town/District					NELLORE										PIN Code		524137		
State/U.T.					ANDHRA PRADESH														
Country					INDIA														

4.2 PERMANENT ADDRESS DETAILS: <input type="checkbox"/> Tick () in the box in case the address is same as above.																			
Address Type*					<input type="checkbox"/> Residential/Business		<input type="checkbox"/> Residential		<input type="checkbox"/> Business		<input type="checkbox"/> Registered		<input checked="" type="checkbox"/> Unspecified						
Flat/Room/Door/Block no.					1-177														
Landmark																			
Premises/Building/					KOVURU														
Road/Street/Lane					WEST STREET														
Area/Locality/Taluka					GANGAVARAM														
City/Town/District					NELLORE										PIN Code		524137		
State/U.T.					ANDHRA PRADESH														
Country					INDIA														

5. CONTACT DETAILS																								
Tel. (Off)															Tel. (Res) :									
Mobile					9491278437																			
Email ID					PONGURU.NAVEEN@GMAIL.COM																			

6. OTHER DETAILS

Occupation Details

Private Sector☐

Government☐

Public Sector☐

Self Employed☐

Professional☐

Agriculture☐

Homemaker☐

Student☐

Others-Retired☐

Other (please specify)

30

Income Range (per annum)

Upto 1 lac☐

1 lac to 5 lac☐

5 lac to 10☐

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☐

Related to Politically exposed☐

7.SUBSCRIBER BANK DETAILS:

Account Type

Savings A/c☐

Current A/c☐

Bank A/c Number

8113102987

Bank Name*

KOTAK MAHINDRA BANK LIMITED

Branch Name

HYDERABAD

Branch Address

1 118 SURVEY NO 64 NATIONAL INSTITUTE OF FASHION TECHNOLOGY CAMPUS MADHAPUR HYDERABAD

Pin Code *

500081

State/U.T.

TELANGANA

Country

INDIA

Bank MICR

500485027

IFS Code

KKBK0007466

8. SUBSCRIBER NOMINATION DETAILS*

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)

Name of the Nominee provided

Nominee Name

SREENIVASULU PONGURU

Relationship with the Nominee

FATHER

Date of Birth (In case of Minor)

01/01/1962

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

Nominee's Guardian

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.

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*

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

(a) All Citizen Model: Subscribers under All Citizen model has the option to choose one of the available PFs as per their choice in the table below.

(b) Corporate Model: Subscribers shall have the option to choose one of the available PFs as per the below table in consulation with their respective Employer.

(c) 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.

Name of the Pension Fund	PFM Selected
LIC Pension Fund Limited	<input type="checkbox"/>
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 checked="" type="checkbox"/>
BIRLA Sun Life Pension Management Limited	<input type="checkbox"/>

* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

(ii) INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)

Active Choice

☐

Auto Choice

☒

For details on Auto Choice, please refer to the Offer Document. 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.

(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 (Max up to 100%)	Total	
% share	50	30	20		100%	

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 ,Invlts etc.

(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	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		

11. DECLARATION BY SUBSCRIBER*

Declaration & Authorization by all subscribers

☒

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

☒

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

☒

I agree to take a printout of the registration form from CRA portal, paste photograph, affix signature and send it to CRA. I understand that my PRAN will be ‘frozen’ temporarily if the form is not sent to CRA within 90 days from the date of allotment of PRAN. (Applicable only for Aadhaar based Subscriber Registration).

☒

I understand that my initial contribution will be credited in my PRAN but I will not be able to make any further contribution till the KYC compliance is confirmed by the Bank selected by me during registration. Once the KYC compliance is confirmed by Bank, I agree to take a printout of the registration form from CRA portal, paste photograph, affix signature and send it to CRA. I understand that my PRAN will be ‘frozen’ temporarily if the form is not sent to CRA within 90 days from the date of allotment of PRAN. (Applicable to Subscribers registering with PAN and subsequent KYC verification by Bank).

☒

I hereby declare that I am the bonafide subscriber of NPS and the contribution being paid for this transaction pertains to my PRAN. I further declare that I will make payment from my bank account.

Declaration under the Prevention of Money Laundering Act, 2002

☒

I hereby declare that the contribution paid by me has been derived from my 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

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0

2

1

Place :

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

I certify that:


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

Date

2	3	/	1	2	/	2	0	2	1
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Place :

First Name * PONGURU NAVEEN



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

13. DECLARATION BY EMPLOYER/ CORPORATE		
<div>Applicable to Corporate Subscribers only</div> <div>(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))</div>		
Date of Joining	<div>09/08/2021</div>	Date of Retirement
		<div>31/07/2052</div>
Employee ID	<div>2461505</div>	
Corporate Regd. No Allotted by CRA	5501355	CBO No. allotted by CRA
		<div>6501331</div>
<div>Certified that the details provided in this subscriber registration form byPONGURU NAVEENemployed with us, 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 read over to him / her by us and got confirmed by him / her.</div>		
	Date	
	Place	
Signature of the Authorized Person		Rubber Stamp of the Corporate
Designation of the Authorized Person:		Designation of the Authorized Person: (In the box above)

14. TO BE FILLED BY POP-SP				
Receipt No. (17 digits)		2302118937		
POP-SP Registration Number		6501331		
KYC Compliance	Yes		No	
Document accepted for date of Birth Proof				
Copy of PAN card submitted	Yes		No	
Document Received:	(Originals Verified) Self Certified		(Attested) True Copies:	
Identity Verification:	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/Kum.....is 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: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

[To be filled by CRA - Facilitation Centre (CRA-FC)]									
Received by		CRA-FC Registration Number							
Received at			Date: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Acknowledgement Number (by CRA-FC)									
PRAN Alloted	400000297468								

ACKNOWLEDGEMENT									
Name of the Subscriber:	PONGURU NAVEEN								
Contribution Amount Remitted: ₹									
Date	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Stamp and Signature of the Employer/PoP:									

TIER II DETAILS

I hereby submit the following details for Tier – II account under NPS.

1. PAN : A V I P N 0 4 5 9 M

2. Subscribers Bank Details:

If same as Tier I

Account Type Savings A/c Current

Bank A/c Number 39510202668

Bank Name STATE BANK OF INDIA

Branch Name KOVUR

Branch Address DISTNELLORE, ANDHRA PRADESH 524137

Pincode 524137

State/U.T. ANDHRA PRADESH

Country INDIA

Bank MICR Code 524002582 IFS Code SBIN0000798

3.Subscriber's Nomination Details

If same as Tier I

Name of the Nominee:

First Name	Middle Name	Last Name
SREENIVASULU		PONGURU

Date of Birth (In case of Minor) 0 1 / 0 1 / 1 9 6 2

Relationship with the Nominee:

FATHER

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

First Name	Middle Name	Last Name

4.Subscriber Scheme Preference

PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*

(i) PENSION FUND SELECTION :

If same as Tier I

Pension Fund Name	PFM Selected
LIC Pension Fund Limited	
SBI Pension Funds Private Limited	
UTI Retirement Solutions Limited	
ICICI Prudential Pension Funds Management Company Limited	
Kotak Mahindra Pension Fund Limited	√
Reliance Capital Pension Fund Limited	
HDFC Pension Management Company Limited	
BIRLA Sun Life Pension Management Limited	

(ii) INVESTMENT OPTION

Active Choice ☐ Auto Choice ☒

For details on Auto Choice, please refer to the Offer Document. 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.

(iii) ASSET ALLOCATION

Asset Class	E (Cannot exceed 50%)	C	G	A	Total
% share	75	10	15		100%

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 ,Invlts etc.

(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	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 checked="" type="checkbox"/>	
LC 50	<input type="checkbox"/>	
LC 25	<input type="checkbox"/>	

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 Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.
- ☒ I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA/NPSCAN and view details) & T-PIN on the CRA website.
- ☒ I agree to take a printout of the registration form from CRA portal, paste photograph, affix signature and send it to CRA. I understand that my PRAN will be ‘frozen’ temporarily if the form is not sent to CRA within 90 days from the date of allotment of PRAN. (Applicable only for Aadhaar based Subscriber Registration).
- ☒ I understand that my initial contribution will be credited in my PRAN but I will not be able to make any further contribution till the KYC compliance is confirmed by the Bank selected by me during registration. Once the KYC compliance is confirmed by Bank, I agree to take a printout of the registration form from CRA portal, paste photograph, affix signature and send it to CRA. I understand that my PRAN will be ‘frozen’ temporarily if the form is not sent to CRA within 90 days from the date of allotment of PRAN. (Applicable to Subscribers registering with PAN and subsequent KYC verification by Bank).
- ☒ I hereby declare that I am the bonafide subscriber of NPS and the contribution being paid for this transaction pertains to my PRAN. I further declare that I will make payment from my bank account.

Declaration under the Prevention of Money Laundering Act, 2002

- ☒ I hereby declare that the contribution paid by me has been derived from my 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.

I have opted for Tier II and I declare that I will submit copy of PAN Card and cancelled Cheque/Bank Certificate along with the Registration Form to CRA.

Date of Registration:

1	3	/	0	1	/	2	0	2	2
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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)

POP-SP Registration Number

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Copy of PAN Card submitted YES ☐ NO ☐

		Name:
		Designation:
		Place:
POP-SP Seal	Signature of Authorised Signatory	Date: