THE ACTIVE CHOICE ASSET ALLOC	ATION /se he such a select	In annual control bases and animals	(Anti-o Chaine' the invectment entire)
(III) AG IIVE CHOICE - ASSET ALLOC	ATION ITO DE TILIED UD ONIV	in case you have selected	'Active Choice' the investment option)

Asset Class Specify %	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	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, Invits etc.
Choices in Govt sector	Not ava	nilable	Available	Not available	In case	e of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 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.
- (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.

Note:	Choices in Govt sector	Please Tick (✓) Only One	Life Cycle (LC) Funds
	Not available		LC 75
			LC 50
	Available		LC 25

LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset

- LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
- LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset

	LC 25	Available	4. Govt. employee can exercis	e Auto Choice of Asset Allocation	or LC 25 & LC 50 only
11. DE	CLARATION ON FATCA* (Foreign A	Account Tax Complian	ce Act) COMPLIANCE (Ple	ease refer to Sr no. 7 of the Instruc	tions):
Secti	on I*				
JS P	erson* Yes No				
Secti	on II*				
	purposes of taxation, I am a residen ow or I have indicated that a TIN/fund				
	Particulars		Country (1)	Country (2)	Country (3)
Coun	try/countries of tax residency				
	-A.	Address Line 1			
	Address in the jurisdiction for Tax	City/Town/Village			
	Residence	State			
		ZIP/Post Code			
Tay lo	lentification Number (TINVEunctions	Leguivalant Number			

"I certify that:

TIN/ Functional equivalent Number Issuing Country

Validity of documentary evidence provided (Wherever applicable)

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.

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 confidential information for compliance with any law or regulation whether domestic or foreign.

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 selfcertification along with documentary evidence,

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.

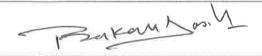
I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust

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	1910612023
Place	MUSSOORIE

PRAKASH SI HGH



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

Name of subscriber

	S		#	1

12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions)

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 PFRDAAct, regulations framed thereunder 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 lime 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.

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 19/06/2023

Designation of the Authorised Person

Place: MUSSOORIE		Bakamson
1,000 % (1,000)		Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
13. DECLARATION BY EMPLOYER (Subscribers E		nment Subscribers only d attested by the Deptt. (All Details are Mandatory)
Date of Joining /		Date of Retirement
Employee Code/ID (If applicable) PPAN (If applicable)		Employee Code/ID and PPAN are optional, If you intend to provide, mention any one.
Group of Employee (Tick as applicat	ble) Group A G	oup B Group C Group D
Office		
Department		
Ministry		
DDO Registration Number		
DTO/PAO/CDDO/DTA/PrAO Registra	ation Number	
Basic Pay		
Pay Scale		
Signature of the Authorised person (In the box above) Designation of the Authorised Person	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
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry		Date / / /
	Applicable to Corp	orate Subscribers only, d attested by Corporate (All Details are Mandatory))
ate of Joining		Date of Retirement / / / / / /
Employee Code/ID		
Corporate Regd. Number (CHO No.) All	lotted by CRA	
BO No. allotted by CRA		
certified that the details provided in thi mployment details provided above are ntries / entrles have been read over to	as per the service record of the er	employed with us, including the ployee maintained by us. Also, it is further certified that he / she has read the by him / her.
Date / / /		Place

Rubber Stamp of the Corporate (In the box above)

.15. DECLARATION BY THE AGGREGA	TOR		811.6 TH				i area	10519	al V	
	Applicable to	NPS Lite Subs	cribers							
Authorisation by Aggregator's office	(NL - AO)									
Certified that the subscriber is registere and the above declaration has been signed been read over to her/him by me.									_	
Signature of the Authorised p	person (In the box above)		Rubber St	amp of the	Aggrega	tor (In the	box abo	ve)		
Name of the Aggregator										
NPS Lite Account Office (NL-AO) Registration	n Number	NPS Lite - Collec	tion Centre (NL	- CC) Regis	stration Nu	mber				
Membership No. allotted by Aggregator (if a	ny)									
Place	Date / /		1							
16. TO BE FILLED BY POP-SP			#842 X4	LL POQUE	والمدارا	SIL		PE P	954	4, -3
	PALAVISHIJA BILITALIKO (FISA	MANAGEMENT SEC				7010	ALCO A	MESS	90.00	2
Receipt No. (17 digits)			POP-SP	Registra	ation Nur	nber				9
Document accepted for date of Birth Pi	roof:									
Copy of PAN card submitted YES	NO 🗍	KYC Complia	ince YES	S NO	э 🗍					
Documents Received: (Originals Verified) Self Certified		d) True Copi	es						
Identity Verification :	one									
Existing Customer:										
The KYC documents available with us Rules, I / We further confirm that the Sa of Bank PoP)										
To be filled by POP-SP			Name:							
		2	Designation:				Place			
POP-SP Seal	Signature of Authorized S	Signatory	Date	1		1				
5:	[To be filled by CRA -	Facilitation Ce	ntre (CRA-F	C)]						
Received by		RA-FC Registration	n Number		1			1 1	-	1-1-1
									+	
Received at				Date	•	/		1	1	
Acknowledgement Number (by CRA-FC)										
PRAN Allotted										
	ACKNO	WLEDGEMENT								
Name of the Subscriber:										
Contribution Amount Remitted:	₹									
Date of Receipt of Application and Contr	ribution Amount: /									

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

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) a blank box after each word.

a blank box arrer 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 (d)

the clear visibility of the face of the subscriber, the application shall not be accepted.

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

S. Vo	Item No.	Item Details			ructio						
		Personal Details	MILL CO.	nis Form is applicable only for Resident Indians. There is a sep urrently, Foreign Nationals / Other Country Individuals (OCI) ar ne applicant shall mention father's name and mother's name ar	ve Har	sons of Indian Origin (PICA are not allowed to open PRAN					
		Spouse Name	100	rried, spouse name is mandatory.							
1	1	Father's Name	Father's name is mandatory. Father's name has more than 30 digits, you may fill Annexure II for the same.								
		Mother's Name	i. Mo li. If	other's name is mandatory Mother's name has more than 30 digits, you may fill Annexure	II for t	he same.					
		Date of Birth	Pleas	e ensure that the date of birth matches as indicated in the doc	ument	provided in the support.					
			S.No		S.No						
			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 resident address					
			4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing 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 Gazetted officer like District Magistrate, Divisional commissione BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate et					
			8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member Parliament or Member of Legislative Assembly					
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Authority of India		Aadhar Card / letter issued by Unique Identification Authority India clearly showing the address					
		Permanent address details	10	Job cards issued by NREGA duly signed by an officer of the State Government		Job cards issued by NREGA duly signed by an officer of the State Government The identity card/document with address or letter of allotme					
2	2, 3 & 4		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.		of accommodation issued by any of the following: Centra State Government and its Departments, Statutory/Regulato Authorities, Public Sector Undertakings, Scheduled Commerci Banks, Financial Institutions and listed companies for the employees. Pension or Family Pension Payment Orders issue by Govt. Departments or PSU containing address.					
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's		Latest Electricity/water/piped gas bill in the name of the Subscrib / Claimant and showing the address (less than 2 months old)					
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name the Subscriber / Claimant and showing the address (less than months old)					
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old Existing valid registered lease agreement of the house on stan paper (in case of rented/leased accommodation)					
3	6	Politically Exposed	(ii) If i for & (iii) TI Politic exam	the address on the document submitted for identity proof by the bening form, the document may be accepted as a valid proof or the address indicated on the document submitted for identity parm, a separate proof of address should be obtained. All future con Permanent address are different, then proof for both have to be the KYC documents may be submitted within a period of 30 day cally Exposed Persons' (PEPs) are individuals who are or have ple heads of state or of the government, senior politicians, se	f both proof d mmun e subr /s afte	iffers from the current address mentioned in the account openi ications will be sent to correspondence address. If corresponden nitted.					
		Person	For T	d corporations, important political party officials. ier I & Tier II account, bank details are mandatory and it should	be sup	ported by a documentary proof. Please attach a cancelled cheq					
4	7	Subscriber's Bank Details	Subs	criber name, a copy of bank passbook or bank statement or t e, Bank Account No. and IFS Code should be submitted.	oank o	Code. If cheque is not available or cheque is not preprinted w ertificate or letter from Bank mentioning Subscriber Name, Ba					
5	8	Subscriber's Nomination Details	Fracti of per	ional values shall not be accepted in the nomination(s). Sum of reentage is not equal to 100, entire nomination will be rejected.	perce	entage share value for all the nominees must be integer. Decima ntage share across all the nominees must be equal to 100. If su					
3	10	Pension Fund (PF) Selection and Investment Option	Actice the cl Pens	e Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto 0 hoices of Pension Fund, their contributions will be allocated a ion Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.	Choice	ds and allocate their investments either in Asset Class'G' und '. In case a Government employee/subscribers does not exercis 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) S					
7	11	Declaration by subscriber on FATCA Compliance	fo Ta is: of re If	r tax purpose in USA. ax identification Number (TIN): TIN need not be reported if it has sued a high integrity number with an equivalent level of identific that type of number for individual include, a social security/insu- sident registration number) applicant residence for tax purpose in jurisdiction(s) within India, Perm	s not b cation urance anent / s/her	s citizen, every US citizen of whatever nationality, is also a residence issued by the jurisdiction. However, if the said jurisdiction h (a "Functional equivalent"), the same may be reported. Example number, citizen/personal identification/services code/number a account Number (PAN) to be provided as Tax Identification Number (TII Country of Birth is US, document evidencing Relinquishment					
						the form. Thumb impression, if used, should be attested by					

General Information for Subscribers

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

Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242

Call: 022-4090 4242

Address: Central Recordkeeping Agency (CRA)
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel (W), Mumbai - 400013

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.