


NATIONAL PENSION SYSTEM (eNPS) – SUBSCRIBER REGISTRATION FORM																																																	
SUBSCRIBER REGISTRATION FORM																										<div> <small>Scanned with CamScanner</small></div>																							
Aadhaar based registration												Non Aadhaar based registration												<input checked="" type="checkbox"/>																									
Please Select your Category												All Citizen Model								<input checked="" type="checkbox"/>		Corporate Sector																											
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 <input checked="" type="checkbox"/>				Smt <input type="checkbox"/>				Kumari <input type="checkbox"/>																													
First Name *												UDAY																																					
Middle Name												SANTHOSH																																					
Last Name												DEVULAPALLY																																					
Maiden Name (if any*)																																																	
Father's Name*												DEVULAPALLY LAKSHMI NARAYANA																																					
Mother's Name*												VIJAYA DEVULAPALLY																																					
Date of Birth *												<div><div>0</div><div>6</div><div>/</div><div>0</div><div>8</div><div>/</div><div>1</div><div>9</div><div>9</div><div>5</div></div>																																					
City of Birth *												NALGONDA																																					
Country of Birth												INDIA																																					
Marital Status*												<input type="checkbox"/> Married				<input checked="" 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				CP0PD1610L																					
Driving License																								Driving License expiry Date																									
UID (Aadhaar)																								NREGA JOB Card																									
Others																																																	
3. PROOF OF ADDRESS (PoA)*																																																	
Proof of Address												Passport		<input type="checkbox"/>		Driving License				<input type="checkbox"/>		Aadhaar card				<input type="checkbox"/>		Voter ID card				<input type="checkbox"/>		NREGA Job Card				<input type="checkbox"/>		Ration Card		<input type="checkbox"/>		Others		<input type="checkbox"/>			
												Registered Lease				<input type="checkbox"/>				Sale agreement of residence				<input type="checkbox"/>																									
												Latest Gas Bill				<input type="checkbox"/>				Electricity Bill				<input type="checkbox"/>				Telephone[Landline] Bill				<input type="checkbox"/>																	
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.												PLOT NO 135 SYNERGY HOMES BACK																																					
Landmark												SIDE ZPHS RAGANNAGUDA																																					
Premises/Building/Village												HAYATHNAGAR																																					
Road/Street/Lane												RANGAREDDY DISTRICT																																					
Area/Locality/Taluka												ABDULLAPURMET MANDAL																																					
City/Town/District												K . V . RANGAREDDY												PIN Code		501510																							
State/U.T.												ANDHRA PRADESH																																					
Country												INDIA																																					
4.2 PERMANENT ADDRESS DETAILS: <input checked="" type="checkbox"/> Tick () in the box in case the address is same as above.																																																	
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.												PLOT NO 135 SYNERGY HOMES BACK																																					
Landmark												SIDE ZPHS RAGANNAGUDA																																					
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City/Town/District												K . V . RANGAREDDY												PIN Code		501510																							
State/U.T.												ANDHRA PRADESH																																					
Country												INDIA																																					
5. CONTACT DETAILS																																																	
Tel. (Off)																						Tel. (Res) :																											
Mobile												+ 91 7780664534																																					
Email ID												UDAYSANTHOSH1995@GMAIL . COM																																					

6. OTHER DETAILS

Occupation Details

Private Sector☐

Government☐

Public Sector☒

Self Employed☐

Professional☐

Agriculture☐

Homemaker☐

Student☐

Others-Retired☐

Other (please specify)

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

20273286806

Bank Name*

STATE BANK OF INDIA

Branch Name

TURKAYAMJAL

Branch Address

YAMJAL CROSS ROADS, TURKAYAMJAL, HAYATH NAGAR MANDAL, HYDERABAD 501 510

Pin Code *

501510

State/U.T.

ANDHRA PRADESH

Country

INDIA

Bank MICR

402002528

IFS Code

SBIN0012836

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

Devulapally Vijaya

Relationship with the Nominee

Mother

Date of Birth (In case of Minor)

2

6

0

6

1

9

6

8

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 consultation with their respective Employer.

Name of the Pension Fund	PFM Selected	
LIC Pension Fund Limited	<input type="checkbox"/>	
SBI Pension Funds Private Limited	<input checked="" 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 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 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Max up to 100%)	Total
% share	75	10	15		100%

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 in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

3. 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.

4. 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 want Annual Transaction Statement in email only

☐ I want physical Annual Transaction Statement

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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4

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7

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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)

12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE:

Section I*

US Person*

YES

NO

√

Document Evidencing Citizenship

YES

NO

Reason for No evidence

Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency	Address in the jurisdiction for Tax Residence	Tax Identification Number (TIN)/Functional equivalent Number	TIN/ Functional equivalent Number Issuing Country	Validity of documentary evidence provided
INDIA	HYDERABAD HYDERABAD TELANGANA 501510	CPOPD1610L	INDIA	

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

0	4	/	0	7	/	2	0	2	0
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Place :

Name of subscriber*: UDAY SANTHOSH DEVULAPALLY

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

13. TO BE FILLED BY POP-SP				
Receipt No. (17 digits)				
POP-SP Registration Number				
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 Shri/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: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

[To be filled by CRA - Facilitation Centre (CRA-FC)]			
Received by		CRA-FC Registration Number	
Received at			Date: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Acknowledgement Number (by CRA-FC)	11172810		
PRAN Alloted	110114834337		

ACKNOWLEDGEMENT	
Name of the Subscriber:	UDAY SANTHOSH DEVULAPALLY
Contribution Amount Remitted: ₹	500.00
Date	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Stamp and Signature of the Employer/PoP:	

ADDITIONAL NOMINATION FORM - TIER I

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, UDAY SANTHOSH DEVULAPALLY hereby nominate the person (s) mentioned below who is/are 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
<div>First Name</div> <div>SUMANTH</div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div>DEVULAPALLY</div>	<div>First Name</div> <div>VIJAYA</div> <div>Middle Name</div> <div>DEVULAPALLY</div> <div>Last Name</div> <div></div>	<div>First Name</div> <div></div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div></div>

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
PLOT NO 135 SYNERGY HOMES	PLOT NO 135,SYNERGY HOMES BACK SIDE	
NEAR TURKAYMAJAL ABDULLAPURMET MANDAL	ZPHS RAGANNAGUDA NEAR TURKAYMAJAL	
RANGAREDDY DISTRICT	ABDULLAPURMET RANGAREDDY	

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

1st Nominee	01 / 07 / 1999 8	2nd Nominee	26 / 06 / 1968	3rd Nominee	
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4. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
BROTHER	MOTHER	

5. Percentage Share:

1st Nominee	50 %	2nd Nominee	50 %	3rd Nominee	
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6. Nominee’s Guardian Details (Only in case of a minor):

1st Nominee	2nd Nominee	3rd Nominee
<div>First Name</div> <div></div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div></div>	<div>First Name</div> <div></div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div></div>	<div>First Name</div> <div></div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div></div>

Signature/ Thumb Impression* of the Subscriber

Date of Registration: 04 / 07 / 2020

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