NAT	IONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM - Private Sector
How did you hear about NPS	√ Friend/ family Social media Newpaper/magazines TV / Radio Financial advisor Employer
PRAN Card & Kit* i (refer sl no.1 of instructions)	i. PRAN Card & Kit* (please tick()) ii. Account Opening Kit (please tick()) ePRAN Card
Print my PRAN in Hindi	YES V NO If Yes, submit details as per Annexure I
Select your category*	Corporate
To, National Pension System Trus	t.
Dear Sir/Madam,	
	account be opened in my name as per the particulars given below:
_	lease fill the form in English and BLOCK letters (Refer general guidelines at instructions page).
CKYC Identifier	RA Code
1. PERSONAL DETAILS:	(Refer SI no. 1 of instructions) Use Annexure II if name exceeds the space provided below
Salutation*	✓ Shri Smt. Kumari
Applicant Name*	SUNIL MEENA
Father's Name	PURUSHOTTAM MEENA
Mother's Name	
Either Father's or Mother's nan	ne is mandatory* Select the name to appear on PRAN Card ✓ Father's Name Mother's Name
Date of Birth*	10/01/2000 Applicant is Orphan*
Place of Birth*	KOTA
Country of Birth*	INDIA
Gender*	✓ Male Female Transgender Nationality* INDIAN
Marital Status*	✓ Unmarried Married Widow/Widower Divorcee
Spouse Name (if married)*	
PAN Card*	GMQPM4408E or Form 60 furnished Submission of PAN or Form 60 is mandatory
Annual Income Range *	Below 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 1 25 lac to 1 Cr Above 1 Cr
Occupation Details*	Public Sector
Please Tick If Applicable	Politically exposed person Related to Politically exposed person (Refer instruction no. 1)
2. PROOF OF IDENTITY	
Passport	Passport Expiry Date
Driving License	Driving License Expiry Date
Voter ID Card	Proof of possession of Aadhaar 2635 Provide last four digits
NREGA Job Card	National Population Register PoP Certificate (refer section 12
3. CURRENT ADDRESS I	(Telef Section 12
Line 1	ITAWA
Line 2	
Village / City	GETA ROAD ITAWA
District	ITAWA,PIPALDA,KOTA State/U.T. RAJASTHAN
Country	INDIA PIN Code 325004
4. CONTACT DETAILS	THY COUC DECOME
	+919672135908 Telephone (with STD code)
Mobile*	
Email ID*	MYPHONE9672@GMAIL.COM
5. BANK DETAILS*	(Proof to be submitted. Refer SI no. 3 of instructions)
Account Type	✓ Saving A/c Current A/c
Bank A/c Number	37004490939
Bank Name	STATE BANK OF INDIA IFS Code SBIN0032488
6. NOMINATION DETAILS	S* (Refer SI no. 4 of instruction)
	avour of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III made by the subscriber on his/her marriage.
Nominee Name	PURUSHOTTAM MEENA
Relationship Name of Guardian	FATHER Date of Birth (In case of Minor)
(if nominee is a minor)	Age 54

7 SELECTION OF DENISION	ON FLIND (DE) AND INIVECTI	MENT CHOICE* (Data	r Slac E	of inctr	uction)			
All Citizen: Selection of one P	ON FUND (PF) AND INVESTI PF is mandatory else form will be revestment Choice may be exercise	ejected. If no investment c	hoice is se	elected,		invested in Au	to Choice (LC 5	0).
	·	d in consultation with your	Imployer		otan out Ob sine			
Pension Fu	und* (Please Tick () one)			_	stment Choice	(1 10430	Tick () one)	
						Sycle Fund (BL		
Aditya Birla Sunlife Pensi	ion Mgmt Ltd Axis Pensi	ion Fund Mgmt Ltd		. Λ cti	ive Choice m	OR	share in each as	reat class
DSP Pension Fund Mana	agers Pvt Ltd	sion Mgmt Co Ltd	E (Upto7	<u> </u>		G (Upto 100%)	1	Total
ICICI Prudential Pension Ltd	Funds Mgmt Co Kotak Mah	indra Pension Fund Ltd	Fund Ltd					
LIC Pension Fund Ltd	Max Life Pe	ension Fund Mgmt Ltd	40		30	30	0	100%
SBI Pension Funds Pvt L	_td	on Mgmt Pvt Ltd				OR		
UTI Retirement Solutions	S Ltd Any other (please mention)		Au	uto Choice	select one life	e cycle fund belo	ow
			Conserva	ativo (LC	225) Ma	doroto (LCEO)	Aggressive	(LC75)
			Conserva	alive (LC	523) IVIO	derate (LC50)	/\ggi000iv0	(2070)
8. Activate my Tier- II accou	unt (Please tick () to activat	e) - refer Sr no 7 of instru	ctions			Provid	ding PAN is m	nandatory
✓ with the same bank, no	ominee & investment details	with different ba	ank/nomin	ee/inve	estment details	as per Annex	ure IV	
9. FATCA* (Foreign Accour	nt Tax Compliance Act) & CR	S DECLARATION		(Refe	er Sr no. 6 of in	nstructions)		
	ndia and not resident of any other		I am a			ountry/ies men	tioned below	
US Person Y	∕es √ No	<u></u>					·	
Partic		Country (1)			Country (2)		Country	(3)
Country/countries	of Tax Residency	INDIA						
	Address Line 1	132 KV GSS COLONY G	3					
Address in the jurisdiction for Tax Residence	City/Town/Village	ITAWA						
	State	RAJASTHAN						
Tax Identification Number (TIN)	ZIP/Post Code)/Functional equivalent Number	325004 GMQPM4408E						
TIN/ Functional equivalent Num	·	INDIA						
Validity of documentary evidence	ce provided (Wherever							
	n requirements of this Form (read a reby confirm that the information p y accept the same.				Signature	-	ession* of Applic ections)	ant (refer
documents furnished by me a information furnished by me sha under NPS. I understand that I	terms and conditions of the Nations	of my knowledge. Any st. I do not hold any pre-	changes existing ac	in the				
I hereby declare that the contrib	n of Money Laundering Act, 2002 oution paid by me/on my behalf ha				J. S.			
share the information, with other	understand that NPS Trust has to government authorities. I further a	agree that NPS Trust has t	the right to	close	Signa	ture/Thumb Im	npression* of Ap	plicant
Date: 28/03/2025	Place:	ating to prevention of mor		anng.	,		d RTI in case of ession in case n	
	<u> </u>							

11.DECLARATION BY EM	PLOYER	R - Only for Corporate sector	(All Details are Mar	ndatory)	
Date of Retirement					
Employee Code/ID				Non-mandatory if not av	railable
CHO Registration Number		CBO F	Registration Number		
It is certified that				is employed w	rith us and the details provided in this
in this subscriber registration for The given address and the docu us and got confirmed by him/her	uments are	ng the address and employment deta e verified by this office. Also, it is fur	ils provided above are ther certified that he/s	e as per the service recordshe has read entries/entri	rd of the employee maintained with us. ies have been read over to him/her by
Name of the Authorised Person					
Designation of Authorised Perso	on [
Date					
Place			Signature of the	ne Authorised person	Rubber Stamp of the Employer
12. TO BE FILLED BY POI	D				
Receipt No. (17 digits)					
POP Registration Number	5000682		POP-SP Reg	istration Number 6396	950
Documents Received:					
existing KYC verified customer. account number /client ID for this customer/client matches	The above the require	firm that Shri/Smt/Kum. SUNIL MEEN applicant is having an operative Bar maintained at ement for opening NPS account and k a/c of Sh/Smt/KumSUNI	nk/ Demat/ Folio/ are in compliance wit	branch/offi h PMLA Rules.	t (specify nature of the account) having ice. The KYC documents available with us
-	osit Accou	unt (applicable in case of Bank PoP)	_		
Name of the Authorised Person			_ <u></u>		
Designation of Authorised Perso	on [⊣		
Date			┥		
Place				he Authorised person	Rubber Stamp of the PoP
		ACKNO	WLEDGEMENT		
Name of the Subscriber:	UNIL MEE	ENA			
Date of Receipt of Application: Initial contribution amount	₹	28/03/2025			
PRAN Allotted/ Acknowledgeme	ent ID	11762883			
Mode of payment		Cheque / DD De	ebit instruction	Sta Cash	mp and Signature of PoP

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

(a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected. (b) Copies of documents submitted by the applicant should be self-attested. (c) Applicant is advised to retain the acknowledgement slip signed/ stamped by the PoP/PoP-SP office.

SI	Item No	Item Details		Instructions									
			In case a subscriber opts not to have a physica CRA are applicable as under:	PRAN Card or Welcome Kit, redu	iced account opening charges of								
		Option for PRAN Card		·	rith ePRAN card (in Rs.)								
		and Kit	Account opening with Physical PRAN card (in Rs		Welcome kit sent vide email only								
			₹	₹	₹								
1	1	Father's Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an orphan, he/s eave the fields blank. However, an official document to support the status to be submitted										
		Politically Exposed Person	Politically Exposed Persons'(PEPs) are individuals who are or have been entrusted with prominent public function such as heads of state or of the government, senior politicians, senior government, judicial or military officials, seni executives of state-owned corporations, important political party officials.										
2	2	Proof of Identity and Address	If the applicant is submitting Aadhaar as proof of be redacted / masked on the submitted copy	Identity and Address, the first 8 dig	its of the Aadhaar number should								
3	3	Current Address Details	Providing current address is mandatory. The sub-	mitted address proof should contain	the currrent address as provided								
4	5	Bank Details	For Tier I & Tier II account, bank details and doccopy of bank passbook / bank statement / bank company Bank Account Number and IFS Code.										
		cing a nomination, the nomination on made in favour of a person not be ber upon marriage and any nomination g a nomination the subscriber has riber subsequently acquires a family make a fresh nomination in favour cer "Nomination relationship matrix" p	elonging to family shall be invalid; ation made before such marriage no family, the nomination may be y, such nomination shall forthwith of one or more persons belonging										
5	6	Nomination Details	Unmarried Subscriber	Married / Widow/ Widower / Divo	orcee Subscriber								
			Mother, 2. Father, Rease specify the relationship	1. Spouse (Only for Married), 2. So Father, 6. Mother in Law (Only for I Transgender), 7. Father in Law (Or Transgender), 8. Daughter in Law,	Female and nly for Female and								
			(c) In case of more than one nominee, the percent be equal to 100.										
7	7	Selection of Pension Fund (PF) & Investment Choice	 (1) Corporate applicants may exercise these choicignored. (2a) Balanced Life Cycle Fund: Equity, Corporate to Equity and Corporate Debt automatically reduced (2b) Active Choice - Subscriber can actively decident assets. (2c) Auto Choice - Equity allocation is 75% / 50% the subscriber and allocation to equity and corporate corporate these choices. 	e Debt and G-Sec allocation is 50:30 es from 45 years to 55 years of age le his / her allocation into Equity / Co	0:20 until age 45 and allocation orporate Debt / G-Sec / Alternate ate / Aggressive choice opted by								
8	9	FATCA & CRS Declaration	Clarification / Guidelines on filling details if applica Jurisdiction(s) of Tax Residence: Since US to nationality, is also a resident for tax purpose in US Tax identification Number (TIN): TIN need not the said jurisdiction has issued a high integrity equivalent"), the same may be reported. Ex security/insurance number, citizen/personal identification of Citizenship should be proving provided. In case applicant is declaring US person stated the required under section 9 of form	exes the global income of its citized SA. be reported if it has not been issued in a new property number with an equivalent level amples of that type of number in a fication/services code/number and us as 'No' but his/her Country of B ded or reasons for not having re	en, every US citizen of whatever ed by the jurisdiction. However, if I of identification (a "Functional for individual include, a social resident registration number) wirth is US, document evidencing linquishment certificate is to be								
9	8	Tier-II activation	Asset Class A is not available under Tier-II. In a Bank, Nominee and Investment details that of Tie account, the applicant would be required to subm	er-I whereas he/she has chosen allo	ocation in Asset Class A for Tier-I								
10	9 & 10	Declaration / Signature by Applicant	In case the applicant is unable to affix signature, in case of female should be affixed and in case the thumb / toe impression should be attested by the attesting the same under his/her official seal and a stression.	nere is no hands, toe impression of wo persons, one of whom should	the applicant to be provided. The								

Applicable CRA charges:	Protean	Kfintech	CAMS
Account Opening charges	₹	₹	₹
Account Maintenance Charges	₹	₹	₹
Charge per transaction	₹	₹	₹

Annexures - S															
Annexure I - F	Print PRAI	N Card in I	Hindi		(Fill the d	letails in D	Devnagri	script)							
Applicant's First Name															
Middle Name															
Last Name															一
Father/Mother's First N	amo L														
Middle Name															
Last Name															
Annexure II - I	lf alphabe	ets of name	e exceed	ed the	e space	provided	d on pag	ge 1 c	of the ap	plicatio	n form				
Applicant's First Name															
Middle Name															
Last Name															
Father's First Name															
Middle Name															
Last Name															
Mother's First Name	<u> </u>														
Middle Name															
Last Name															
Last Name							Г								
Annexure III -	Additiona	al Nominati		-	F	or Tier-I	L	F	or Tier-I		For both Tie	r-I & Tier-II			
Percentage Share	No	ominee I	100	No	minee II			Nomin	nee III		Total	should be	equal to	100%	
Nominee I - Name	e F	PURUSHOT	TAM MEE	NA			_			_					
Relationship Name of Guardia	F	ATHER						.ge	54	Date o	f Birth (In case of	Minor)			
Name of Guardia (if nominee is a m															
= Nominee II - Nam	ne									1					
Relationship Name of Guardia							A	.ge		Date o	f Birth (In case of	Minor)			
Name of Guardial (if nominee is a m															
Nominee III - Nan															
=								[1 5 .	(D: d /l /	. \ Г			
Relationship Name of Guardial (if nominee is a m							<i>P</i>	.ge		Date o	f Birth (In case of	Minor) [
Name of Guardia (if nominee is a m															
	, <u> </u>														
	,														
Annexure IV - Activa	te Tier-II		with [Differer	nt Bank/No	omination	/Investm	ent De	etails - tic	k and fill	as applicable				
Annexure IV - Activa PAN* GMQPM440					nt Bank/No		/Investm	ent De	etails - tic	k and fill	as applicable				
	08E				be attach						as applicable				
PAN* GMQPM440 No change in Ba	08E		Copy of		be attach	hed	s for Tie				as applicable				
PAN* GMQPM440 No change in Ba Account Type	08E ank details	Saving	Copy of		be attach	hed ank detail	s for Tie				as applicable				
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