NATIONAL PENSION	S	YS	ST	E۱	1 (	NP	S)	_ ;	SU	BS	CF	RII	ΒE	R	RE	GI	S	ΓR	A	TIC	DN	F	0	RI	VI	F		_		_		
Central Recordkeeping	Ag	en	су	(C	RA	) - N	ISC	)L e	e-G	ove	erna	anc	e I	nfr	ast	ruc	tu	re l	Lir	nite	ed											
Please select your category [ Please tick(✓) ]		Ce		al A izei	utoi 1 Ma	nomo odel	ous	Вос	dy					Sta	ite ( ite <i>l</i> rpo	Auto	noı			Bod	У						3.5	cm :	Affi phot × 2.5	togr 5 cn	n si	
To, National Pension System Trust. Dear Sir/Madam, I hereby request that an NPS account be	ope	ned	d in r	nv n	ame	as pe	r the	e par	ticula	ars di	iven l	belo	w:												_							
* indicates mandatory fields. Please fill th	ne for	rm i	n En	glish	and	BLO	CK le	etter	s with	ı bla	ck ink	c per	<b>1.</b> (Re															_		_		
KYC Number, Retirement Adviser Cod	le an	d S	pou	se N	ame	field	s are	e no	tapp	lical	ole fo	or Go	over	nme	nt &	_						///		a i a t								
KYC Number (if applicable) Retirement Adviser Code (If applicable)																Ge	enera	iteu	IIOII	i Cei	ntral I	NT C	, KE	gisti	у							
1. PERSONAL DETAILS: (Please				No.1	of th		_	ions)	)	17			_																			
Name of Applicant in full First Name*		Shri	$\perp$	<u></u>	Т	Sm	t. L	$\frac{1}{1}$		Κι	umai	ri L					Т	T	_		_	_				Τ		Т	$\top$	Т		
Middle Name			Ť	$^{+}$	$^{+}$		t	T	$^{+}$										$^{+}$	$\mp$	$\pm$	$\exists$				T	$^{+}$	Ť	$\mp$	十		
Last Name			十	Ť	Ť		T		+										Ť	$^{\dagger}$	$\dagger$	$\overrightarrow{T}$				t	$\dagger$	Ť	十	十		
Subscriber's Maiden Name (if any)			$\pm$	Ť	Ť		T												Ť	$\dagger$		7				T		Ť	十	寸		
Father's Name*	F	i	r	S	t	Ì	İ	Ì	İ	İ	İ		M	i	d	d	Ī	е		Ť	Ť	T			L	а	S	Ť	t	T		
(Refer Sr. No. 1 of instructions)		:											B. //															$\dot{-}$		$\overline{}$		
Mother's Name* (Refer Sr. No. 1 of instructions)				8									IVI		Cl	Cl		е							_	a	S	$\perp$				
Father's name will be printed on PRA	V car	d. Ir	ı cas	e, m	othe	's nan	ne to	be p	rinte	d ins	tead o				-																	
Date of Birth*	d	d	/	n	ı n	1 /	У	У	У	У		(Da	ate o	f Birt	h sh	ould	be s	supp	orte	ed by	/ rele	evai	nt d	ocur	nent	ary	proc	of)		_		
City of Birth*			$\dotplus$	+	+	+	<u> </u>	<u> </u>	+	<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	+	+	+	4				<u> </u>	+	$\downarrow$	$\downarrow$	ᆜ		
Country of Birth*			ㅗ					Ļ				<u> </u>				NI-	4:	1:4:	*			4						$\perp$	$\perp$	$\perp$		
Gender* [ Please tick (✓) ] Marital Status*	Mal Mar		٦ 	7		ema Jnma			7		ers [ Othe	— ,				INA	ation	ıalıt	y^			ı	ndı	an								
Spouse Name*	IVIAI	116	J L	9	T +	ПППа	11160	u _				15	M	l i	d	d		6				Т				la	S	$\top$	-	$\neg$		
(Refer Sr. No. 1 of instructions)										1	1		101		G	G										-		_		_		
Residential Status*	Indi	an																														
2. PROOF OF IDENTITY (Pol)* (	Any o	one	of th	ne de	cun	nents	need	d to b	oe pr	ovide	ed ald	ong v	with	the i	denti	ificat	ion ı	num	ber)	)												
Passport			$\Box$										Pa	assp	ort	Ехр	iry [	Date	Э			d	d	/	m	m	/	)	/ )	у	У	У
Voter ID Card			$\perp$											AN C								_						ļ	$\perp$	$\perp$		
Driving License			$\perp$			_		_					D	rivin	g Li	cens	se E	хрі	ry [	Date	(		d	/	m	m	/	)	/ }	/	У	У
NREGA JOB Card	Nian		7	<u> </u>	$\perp$	_								T				l NI	Ι.	.					Disc		f O	NI-	0 -64		4	
Others	inar	me	of th	ne i												D		IN		ı r	n r	)	е	Γ	Plea	ise re	ter Sr.	. No.	2 of th	ie ins	struc	tions.
UID (Aadhaar)		[[	JID	(Aa	dha	ar) nı	ımb	er n	ot re	quir	red]																					
As per the amendments made under Pre at present, please ensure that these det																		19, P	AN c	r For	m 60	is n	nano	latory	und/	er N	PS.If	you	do no	ot ha	ive F	PAN
3. PROOF OF ADDRESS (PoA)	*					Corre	sno	nde	ence	hΔ	dres	ss							Pe	rma	nen	tΔ	Ьb	res	\$							
[ Please tick (✓), as applicable ]					F	asspoi	t /Dri	iving	Licens	se/UI[			r)/Vote	er ID	card/	NREC	GA Jo	ob	Pas	sport	/Drivi	ng L	icer	se/U	-	adha	aar)/V	oter/	ID c	ard/N	NRE	GA Job
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions					F	ard/Ra Registe	red Le				ment c	of resi	idenc	e/Mur	nicipa	l Tax			Reg	istere	on Ca d Lea				emen	t of r	eside	nce/	Muni	cipal	Tax	
Trease refer of. No. 2 of the mistractions					#	Receipt Latest	Piner	d Gas	/Wate	r/Elec	ctricity/	/Teler	ohone	·[Lanc	dline o	or pos	stpaid		Rec #Lat		iped (	Gas/	Wat	er/Ele	ectrici	itv/Te	elepho	ne[l	andli	ine c	r po	stpaid
		-			n	nobile]	Bill											_	mob	ile] B	ili							=				
4.1 CORRESPONDENCE ADDRI	ESS	DE	:IA	ILS	•			,									,											_	_			
Address Type*	Res	side	entia	al/Bu	ısin	ess		R	esid	entia	al		В	usin	ess		R	egis	ster	ed (	Offic	е		Uı	nspe	ecif	ied	Ļ				
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Area/Locality/Taluk			$\downarrow$	+	+	<u> </u>		<u> </u>									<u> </u>	<u> </u>	+		_							$\downarrow$	4	4		
City/Town/District			$\downarrow$	+	+	<u> </u>			_								L	L	+	_	_	PI	N (	Cod	е		_	$\downarrow$	4	4		
State/U.T.			<u></u>																				С	0	U	n	t	$\perp$		y		
4.2 PERMANENT ADDRESS DE	TAIL	.S*				Tic	k (√	) in t	he b	ox in	case	e the	add	ress	is sa	ame	as a	bov	e.													
Address Type*	Res	side	entia	al/Bu	ısin	ess		R	esid	entia	al		В	usin	ess		R	egis	ster	ed (	Offic	е		Uı	nspe	ecif	ied					
Flat/Room/Door/Block no.																	La	ndr	nar	k		Ī						Ī	Ì			
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5.	CONT	ACT DETAILS																						
	Tel. (Off	() (with STD code) +	$\overline{}$							Tel. (R	es):	(with S	STD co	de) +			Т	$\top$	$\top$					
	Mobile'	* (Mandatory) +	9 1						Ħ	(Mobi	le N	umbe	r is red	uired fo	or con	nmu	ınica	tion a	nd to	get	SMS	alerts	5)	
	Email I	D																						
c	OTHE	D DETAIL C / Disease			£ 41= = : = 4		- \																	
6.		R DETAILS ( Please re cupation Details* [ p			or the insi	truction	is)																	
		Private Sector		olic Sect	tor 🗌	Gove	ernmer	nt Secto	r 🗆	Profe	essio	onal												
		Self Employed	Hor	nemake	er 🗌	Stude	ent			Othe	rs (F	Please	e Spe	cify)										
	▶ Inc	ome Range (per ann	um) !	Upto 1 I	ac 🗌	1 lac t	to 5 lac			5 lac	to 1	I0 lac		10	lac to	25	lac [		25	lac a	and a	bove	[	
		ucational Qualificatio		Below S		SSC		HSC		Grad					sters	_								
	▶ Ple	ease Tick If Applicable	; F	Politicall	ly expos	sed pe	erson		Rel	ated t	0 P	olitica	lly exp	osed F	Persor	n L		(Plea	ise r	efer	instru	ction	no.3)	
7.	SUBS	CRIBER BANK DET	AILS* (	Please	refer to S	Sr no. 4	of the	instructio	ons)															
		bank details are man	-								1													
		t Type [ please tick( <b>√</b> 'c Number	)]	Savi	ngs A/c	;		Curre	nt A/c	:	]					_	1							_
	Bank Na															$\frac{\perp}{\perp}$	<u> </u>							
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		Name Address	H								+				+	$\pm$	DIV	Code				+		$\dashv \mid$
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	Rank M	ICP Code					010	16/0.1.	IF	S Coo	10					$\frac{\perp}{\Box}$			u			У		
	Bank MICR Code IFS Code IFS Code																							
8.	S. 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																							
		First Nar	ne 					IMI	idale	Name	: 							Las	I Na	ame				-
	Relation	nship with the Nomine	ee 🗀																					_
	Date of Birth (In case of Minor)																							
	Nomine	e's Guardian Details		e of a m	ninor)																			_
		First Nar	ne					M	iddle	Name	: 							Las	t Na	ıme				
•	NDO	DTION DETAIL O. (D)		1 ( 0													_							
9.		PTION DETAILS (Plike to subscribe for Ti					NO	If Yes.	please	subm	it det	tails in	Annex	ure I.										
		sh to activate Tier II accou							-						al Offic	ce or	to PC	DP/PO	P-SP	of yo	ur cho	ice. Th	e list of	POP/
		rendering services under				availab		1	,	o oub	mit e	dotoilo	on An	noviiro										
40		ON FUND (RE) SELV							_					nexure										
10		ON FUND (PF) SELI						•								4 D.		F.						
	` '	NSION FUND SELECT GOVERNMENT SECTOR:		. ,									-								yee/su	ıbscrib	er	
		(a) LIC Pension Fund L In case of Central Autor												(B) emp	lovees	s, se	lectio	on mad	de ur	nder t	his se	ction v	will be	
		ignored, if choice to em	ployees	is not no	otified by	the res	spective	e State C	Sovt/M	inistry.			,	, ,	-									
		All Citizen Model: Sub Corporate Model: Subs																			loyer.			
	4.	NPS Lite: NPS Lite is a	group	choice m	odel whe	ere sub	scriber	has a cl	noice c	of PF a	nd ir	rvestm	ent op	ion as a	vailab	ole w	ith A	ggrega	ator.					
		Name of the F		Fund (P	lease sele	ect only o	one)	PI	ease T	Tick (v	)			De	fault	Cho	ice o	f Pen	sion	Fun	ds			
		LIC Pension Fund Lim		mitod						<u> </u>	$\dashv$	Availab	ole in G	overnm	ent se	ctor	, if en	nploye	ee/su	bscril	ber do	es not	exerci	ise
		SBI Pension Funds Pr									$\dashv$							of PF						
		ICICI Prudential Pensi			gement (	Compar	ην Limit	ed	+		+													-
		Kotak Mahindra Pensi			,		,				$\dashv$													
	Reliance Capital Pension Fund Limited									$\dashv$														
		HDFC Pension Manag									$\dashv$													
		Birla Sunlife Pension N	/lanagei	ment Lim	ited																			
		* Selection of 01 Pension	Fund is	mandato	ry for All	Citizen	subscrib	per																
	` '	ESTMENT OPTION																						
	,	ase Tick (✓) in the box (			ving you	r invest	tment o	ption).																
		ve Choice	Auto Ch	oice																				
		In case you select Activ	e Choic	e fill up s	section (i	ii) belov	w and i	f you sel	ect Au	to Cho	ice fi	ill up s	ection	iv) belo	W.									
		In case you do not indid	,									,	,		llocatio	on in	etruc	tione	will h	e ian	ored o	ınd im	/estmo	nt will
	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'	ACTIVE CHOICE - ASSET ALLOCATION	to be filled ur	only	vin case v	ou have selected '	'Active Choice	the investment o	ntion)

Asset Class	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						
Specify %					100%	including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.						
Choices in Govt sector	Not available Av			Not available	In case	se of Government employee/subscriber the Active choice of Asset Allocation is restricted to A  Class 'G' only						

#### Please note:

Name of subscriber

- 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, 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.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50		Available	<ol> <li>LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset</li> <li>Govt. employee can exercice Auto Choice of Asset Allocation for LC 25 &amp; LC 50 only</li> </ol>
LC 25		Available	

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):								
Section I*								
US Person* Yes No								
Section II*								
For the purposes of taxation, I am a resident ir out below or I have indicated that a TIN/function	•	-	` ,	,				
Particulars		Country (1)	Country (2)	Country (3)				
Country/countries of tax residency								
	Address Line 1							
Address in the jurisdiction for Tax	City/Town/Village							
Residence	State							
	ZIP/Post Code							
Tax Identification Number (TIN)/Functional ed	quivalent Number							
TIN/ Functional equivalent Number Issuing C	ountry							
Validity of documentary evidence provided (Wh	erever applicable)	$\operatorname{dd} \boldsymbol{I} \operatorname{mm} \boldsymbol{I} \operatorname{yyyy}$	dd I mm I yyyy	dd <b>I</b> mm <b>I</b> yyyy				
"I certify that: a) It shall be my responsibility to educate myself Rules 114F to 114H of the Income tax Rules, b) the information provided by me in the Form, it correct and complete and that I have not withh or otherwise. c) I permit/authorise the NPS Trust to collect, strand any of NPS intermediaries wherever situal confidential information for compliance with an d) I undertake the responsibility to declare and of the Form, its supporting Annexures as well as certification along with documentary evidence. I also agree that in case of my failure to disclor designated by the Government of India (GOI) deficiency is not remedied by me within the strand for confirming the information provided by me g) I also agree to furnish such information and/or abroad in the subject matter herein. h) I shall indemnify NPS Trust for any loss that me	1962 thereunder and supporting Annexureld any material informated including sharing and its close within 30 days in the documentary, see any material fact k/RBI/IRDA/PFRDA for pulated period.  S Trust shall have the tothe NPS Trust or documents as the	the information provided res as well as in the documation that may affect the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree of the digree o	in the Form is in accordance with the mentary evidence are, to the best of assessment/categorization of the act ating to the Account and all transact between them and to the authorities not be any changes that may take place or if any certification becomes incomplete, the NPS Trust may report to any other action as may be deemed appropriately out investigations from the information on time to time on account of any of the action as may be deemed appropriately account to the account of any of the action as may be deemed appropriately account to the account of any of the action as may be deemed appropriately account to the account of any of the account of any of the account of any of the account of any of the account of account of any of the account of account of any of the account of account of account of account of any of the account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account of account o	e aforesaid rules, my knowledge and belief, true, count as a Reportable account tions therein, by the NPS Trust is in and/or outside India of any e in the information provided in prect and to provide fresh self-y regulator and/or any authority ropriate by the NPS Trust if the ation available in public domain change in law either in India or				
Date   d   d   /   m   m   /   y   y   y	у							
Place :			Signature/Thumb Impression*					

Designation of the Authorised Person

er 1.4							CS
12. DECLARATION BY SUBSCRIBER* ( Please refer to Sr no. 8 of the instruction	าร )						
Declaration & Authorization by all subscribers	,						
I have read and understood the terms and conditions of the National Pension System and declare that the information and documents furnished by me are true and correct Record Keeping Agency/National Pension System Trust, of any change in the abounderstand that I shall be fully liable for submission of any false or incorrect information. I further agree to be bound by the terms and conditions of provision of services by complete or partial without any new declaration being furnished by me. I shall be bound	et, to the best ove information or docume CRA, from tin	of my knowledge and n furnished by me. I ents. ne to time and any a	do not mendme	undertake to hold any pre- ent thereof as	inform im existing a approved	mediate	ely the Centra under NPS. RDA, whethe
details) & T-PIN.	ind by the terr	ns and conditions for	tne usa	ge of I-PIN (to	access C	RA wet	osite and vie
Declaration under the Prevention of Money Laundering Act, 2002  I hereby declare that the contribution paid by me/on my behalf has been derived fro the right to peruse my financial profile or share the information, with other governmen found violating the provisions of any law relating to prevention of money laundering.							
Date d d / m m / y y y y							
Place :							
		Signature/Thun (* LTI in ca		ression* of ale and RTI			
13. DECLARATION BY EMPLOYER							
Applicable to Governm	ent Subscr	ibers only					
(Subscribers Employment Details to be filled and			staile a	ro Mandato	n/\		
. ,	,		etans a		у)		
Date of Joining	Da	te of Retirement	d	d / m i	л / у	У	УУ
Employee Code/ID (If applicable)				ID and PPAN ion any one.	are optior	nal. If yo	ou intend
PPAN (If applicable)  Group of Employee (Tick as applicable)  Group A Group	o B	Group C		oup D			
Office							
Department							
Ministry							
DDO Registration Number							
DTO/PAO/CDDO/DTA/PrAO Registration Number							
Basic Pay							
Pay Scale						$\overline{}$	
It is certified that the details provided in this subscriber registration form by the address and employment details provided above are as per the service he/she has read entries/entries have been read over to him/her by us and	e record of		ntained				, including
Signature of the Authorised person Rubber Stamp of the DDO	"	of the Authorised per	rson	Rubber Stam	•		
(In the box above) (In the box above)  Designation of the Authorised Person	,	n the box above) n of the Authorised	l Dorooi		O (In the	box abo	ove)
Name of the DDO		D/PAO/CDDO/DTA/P					
Deptt/Ministry	Date d	d / m m	/   v	V V V			
14. DECLARATION BY EMPLOYER/ CORPORATE							
Applicable to Corpora	ate Subscril	bers only					
(Subscribers Employment Details to be filled and a	ittested by C	Corporate (All Deta	ils are I	Mandatory))			
Date of Joining	Date o	f Retirement	d d	1 m m	<i>I</i> у у	у	У
Employee Code/ID							
Corporate Regd. Number (CHO No.) Allotted by CRA						T	
CBO No. allotted by CRA							
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the employentries / entries have been read over to him / her by us and got confirmed by		ined by us. Also, it	is furth				luding the s read the
Date d d / m m / y y y y		ace					
Signature of the Authorised person (In the box above)							

Rubber Stamp of the Corporate (In the box above)

15. DECLARATION BY THE AGGREGA	TOR								
	Applicable to NP	S Lite Subso	cribers						
Authorisation by Aggregator's office	(NL - AO)								
_		-	-	eclare that the subscriber is eligible to join NPSafter (s)he has read the entries/ entries have					
Signature of the Authorised p	erson (In the box above)		Rubber Stamp of	the Aggregator (In the box above)					
Name of the Aggregator									
NPS Lite Account Office (NL-AO) Registration	n Number       NF	S Lite - Collecti	on Centre (NL - CC) Re	egistration Number					
Membership No. allotted by Aggregator (if a	ny)								
Place	Date d d / m m /	у у у у	/						
16. TO BE FILLED BY POP-SP									
Receipt No. (17 digits)  Document accepted for date of Birth P	roof:		POP-SP Regis	stration Number					
Copy of PAN card submitted YES	NO K	YC Complia	nce YES	NO 🗍					
Documents Received:	Originals Verified) Self Certified	(Attested	d) True Copies						
Identity Verification :									
Existing Customer:									
client ID	d atbranch/count and are in compliance with PNBank a/c of Sh/Smt/Kumse of Bank PoP).	office. The K'MLA Rules.	YC documents ava	ture of the account) having account number/ hilable with us for this customer/client matches is not a 'Basic Savingshas been checked and the name from form.					
To be filled by POP-SP	-		Name:						
			Trumo.						
			Designation:	Place:					
POP-SP Seal	Signature of Authorized Signa	atory	Date d d	1 m m 1 y y y y					
	[To be filled by CRA - Fac	ilitation Cer	ntre (CRA-FC)]						
Received by	CRA-	FC Registratio	n Number						
Received at			1	Date dd lmm lyyyy					
Acknowledgement Number (by CRA-FC)									
PRAN Alloted									
	ACKNOWL	EDGEMENT	·						
Name of the Subscriber:									
Contribution Amount Remitted:	₹								
Date of Receipt of Application and Con	tribution Amount: d d / m	n m / y	уууу						

Ver 1.4

### 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
- 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 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.

  The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

	riber's thumb's impress	impression should be verified by the designated officer of POP-SP / Nodal Office.									
S. Item No No.	Item Details		Instructions This Form is applied by the Decident Indiana There is a property Form for New Posident Indiana (Courses Citizen of Indiana)								
	Personal Details	ii. Cu	is Form is applicable only for Resident Indians. There is a sep urrently, Foreign Nationals and Persons of Indian Origin (PIO) a ue applicant shall mention father's name and mother's name ar	are not	allowed to open PRAN under Private Sector.						
	Spouse Name		ried, spouse name is mandatory.								
1 1 1	Father's Name	ii. If f	ıther's name is mandatory. father's name has more than 30 digits, you may fill Annexure II	for the	e same.						
	Mother's Name	ii. If I	other's name is mandatory Mother's name has more than 30 digits, you may fill Annexure								
	Date of Birth		e ensure that the date of birth matches as indicated in the doc		· · · · · · · · · · · · · · · · · · ·						
		S.No	Proof of Identity (Copy of any one) Passport issued by Government of India.	<b>S.No</b>	Proof of Address (Copy of any one) 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 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 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						
	Identity, Correspondence &	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						
	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						
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.		The identity card/document with address or letter of allotment of accomodation issued by any of the following: Central/State Government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companises for their employees.Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.						
		12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / 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 of the Subscriber / Claimant and showing the address (less than 2 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)						
		op (ii) If t for & I (iii) Th	pening form, the document may be accepted as a valid proof or the address indicated on the document submitted for identity p rm, a separate proof of address should be obtained. All future co Permanent address are different, then proof for both have to be the KYC documents may be submitted within a period of 30 day	f both i proof di mmuni e subm s after	ffers from the current address mentioned in the account opening cations will be sent to correspondence address. If correspondence litted.						
3 6	Politically Exposed Person	exam	ple heads of state or of the government, senior politicians, se d corporations, important political party officials.	nior go	endusted with profilment public functions in a foreign country, for overnment, judicial or military officials, senior executives of state-						
4 7	Subscriber's Bank Details	conta Subso Name	ining Subscriber Name, Bank Name, Bank Account Number a criber name, a copy of bank passbook or bank statement or be, Bank Account No. and IFS Code should be submitted.	nd IFS bank ce	ported by a documentary proof. Please attach a cancelled cheque Code. If cheque is not available or cheque is not preprinted with ertificate or letter from Bank mentioning Subscriber Name, Bank						
5 8	Subscriber's Nomination Details	accep 100, 6	oted in the nomination(s). Sum of percentage share across all tentire nomination will be rejected.	the non	minees must be integer. Decimals/Fractional values shall not be ninees must be equal to 100. If sum of percentage is not equal to						
6 10	Pension Fund (PF) Selection and Investment Option	Actice the ch Pensi	e Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto 0 noices of Pension Fund, their contributions will be allocated a on Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.	Choice' among	ds and allocate their investments either in Asset Class'G' under' . In case a Government employee/subscribers does not exercises 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI						
7 11	Declaration by subscriber on FATCA Compliance	• Ju fo	r tax purpose in USA. ux identification Number (TIN): TIN need not be reported if it has sued a high integrity number with an equivalent level of identification that type of number for individual include, a social security/insusident registration number) applicant residence for tax purpose in jurisdiction(s) within India, Perm case applicant is declaring US person status as 'No' but hi	ne of its s not be cation eurance anent A s/her (	scitizen, every US citizen of whatever nationality, is also a resident een issued by the jurisdiction. However, if the said jurisdiction has (a "Functional equivalent"), the same may be reported. Examples number, citizen/personal identification/services code/number and account Number (PAN) to be provided as Tax Identification Number (TIN) Country of Birth is US, document evidencing Relinquishment of						
8 12	Declaration by Subscriber	Signa	ture / Thumb impression should only be within the box provide	ded in	the form. Thumb impression, if used, should be attested by the tamp. Left Thumb Impression in case of males and Right Thumb						
8 12		If a     In     Ci     Signal design	applicant residence for tax purpose in jurisdiction(s) within India, Perm case applicant is declaring US person status as 'No' but hi tizenship should be provided or reasons for not having relinquiture / Thumb impression should only be within the box provinated officer of POP/POP-SP/Nodal office with the official sea	s/her ( ishmer ded in	Country of Birth is US, document evidencing Rat certificate is to be provided the form. Thumb impression, if used, should be						

## **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.

c) For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.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

Ver 1.4 Annexure A to CSRF

## **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.