



ATAL PENSION YOJANA (APY)

(Administered by Pension Regulatory and Development Authority)

SUBSCRIBER REGISTRATION FORM

To,	Proposition Manager	Donk	Dronels
	Branch Manager Sir / Madam,	Bank	Branch
Thereby request that an APY account in my name under National Pension System (NPS) as per the particulars given below.			
* Indicates mandatory fields. Please fill the form in English and BLOCK Letters.			
1. BANK DETAILS:			
	Bank A/c Number*		
	Bank Name*		Bank Branch*
2.	PERSONAL DETAILS : Name of Applicant in Full Shri	Smt.	Kumari
1		Onic.	Kunan
	Full Name		
	Date of Birth* d d / m m	/	Mobile No.
	E-mail ID		Aadhar
	Married Yes No No	If married, spouse name is mand	atory. Spouse will be the default nominee under APY.
	Name of Spouse		Aadhar
	Nominee's Name*		Aadhar
	Nominee's relationship with the su	bscriber	
	Additional Details in case nominee is a Minor Date of Birth* d d / m m / y y y y Guardian's Name*		
	Whether beneficiary of other statu	tory social security schemes	Yes No
	Whether Income Tax Payer		Yes No
3. PENSION DETAILS			
	Frequency of Contribution (Please Tick (✓))* Monthly Quarterly Half Yearly		
	Pension Amount Please Tick (✓))*	1000 2000	3000 4000 5000
	Contribution Amount (In Rs.)		my above mantioned till the age of 60 for making payment under and the Pension Amount selected by me. If the transaction
	(To be filled by the Bank)	is delayed or not effected at all fo	r insufficient balance. I would not hold the bank responsible onal amount together with overdue interest thereon.
Declaration & Authorization by all subscribers			
I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same			
and declare that the infromation furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the bank of any change in the above information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of services under the scheme as approved by PFRDA/Govt. of India.			
or services under the scheme as approved by PPRDAVGOVI. Or india.			
Date d d / m m / y y y y Signature/Thumb Impression* of Subscriber			
Place (*LTI in case of male and RTI in case of Female)			
ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)			
(To be filled by the Bank) Name of the Subscriber :			
PRAN Number			
Guaranteed Pension Amount Periodicity of Contribution			
Contribution Amount under APY (in Rs.)			
I —	ne of the Bank:		
Ban	ık Branch :		
ı	ceiving Officer's Name :		o
Date	e of Receipt of Application :		Stamp and Signature of the Bank