



State/UT	Uttar Pradesh
Country	India
PIN Code	250601

4. PERMANENT ADDRESS DETAILS

Address Type \*

☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Flat/Door No

VILLAGE AND POST OFFICE

Landmark

Premises/Village

Road/Street/Lane

Area/Taluka

MEETLI,BAGHPAT

City/Town/District

BAGHPAT

State/UT

Uttar Pradesh

Country

India

Proof of Address

☐ Aadhaar Card ☐ Passport ☐ Voter ID Card ☐ Ration Card ☐ Sale agreement of residence ☐ Driving License ☐ Registered Lease ☐ Latest gas Bill ☐ Electricity Bill ☐ Telephone(Landline) Bill

5. CONTACT DETAILS

Landline Phone

Mobile

9953400714

Email ID

sharmaankur2805@gmail.com

6. Other DETAILS

Occupation Details

☒ Private Sector ☐ Government ☐ Business ☐ Self Employed ☐ Professional ☐ Others - Retired ☐ Agriculture ☐ Home Maker ☐ Student ☐ Other (Please Specify) ☐ Public Sector ☐ Service

Please Tick if Applicable

☐ Politically Exposed ☐ Related to Politically Exposed

Income Range (per annum)

☐ Upto 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac and above

Educational Qualifications

☐ Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professionals (CA, CS, CMA, etc.)

7. SUBSCRIBER BANK DETAILS

Account Type

☒ Savings A/C ☐ Current A/C

Bank A/C Number

50100176235360

Bank Name

HDFC Bank

Branch Name

Branch Address

SURVEY NO 244/3 4 5, RAJIV GANDHI INFOTECH PARK, NR TATA JOHNSON CONTROLS, HINJAWADI MAHARASHTRA 411027

Pin Code

411027

State/UT	MAHARASHTRA
Country	IN
IFS Code	HDFC0000794
Bank MICR	

8. SUBSCRIBER NOMINATION DETAILS

Nominee 1

Nominee Name	RAM DATT SHARMA
Relationship with the Nominee	Father
Date of Birth (DD/MM/YYYY) (In case of minor)	01/01/1970
Nominee Address	FIRST FLOOR, PLOT NO. 237, , Ghaziabad, Uttar Pradesh, India
Nominee's Guardian details (In case of Minor)	
Nominee's Guardian	
Nominee's Percentage	50

Nominee 2

Nominee Name	ANITA SHARMA
Relationship with the Nominee	Mother
Date of Birth (DD/MM/YYYY) (In case of minor)	01/01/1972
Nominee Address	FIRST FLOOR, PLOT NO. 237, , Ghaziabad, Uttar Pradesh, India
Nominee's Guardian details (In case of Minor)	
Nominee's Guardian	
Nominee's Percentage	50

9. NPS OPTION DETAILS

I would like to subscribe Tier II Account ☒ Yes ☐ No

10.PENSION FUND (PF) SELECTION AND INVESTMENT OPTION

(I) PENSION FUND SELECTION (Tier I)

Name of the Pension Fund	PFM Selected
Birla Sun Life Pension Management Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input checked="" type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>



(II) INVESTMENT OPTION

For details on Auto Choice, please refer to the Offer Document.

☐ Active Choice ☒ Auto Choice

(III) ASSET ALLOCATION

Asset Class	E (Cannot exceed 75%)	C	G	A	Total
% share	-	-	-	-	100%

(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	<input type="checkbox"/>	
LC 50	<input checked="" type="checkbox"/>	
LC 25	<input type="checkbox"/>	

11. DECLARATION BY SUBSCRIBER

Declaration and Authorization by all subscribers

☒ I have read and understood the terms and conditions of Electronic National Pension System and here by agree to the same 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 Recordkeeping Agency/Electronic National Pension system Trust,of any change in the above information furnished by me. I do not hold any pre-existing account under eNPS.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 IPIN/TPIN (to access CRA system) on the CRA website.

☒ I understand that my initial contribution will be credited in my PRAN but I will not be able to make any further contribution till the KYC compliance is not confirmed by the bank selected by me during registration. Once the KYC compliance is confirmed by the bank,I agree to take a print out of the registration form,from eNPS portal,paste photograph,affix signature and send it to CRA. I understand that my PRAN will be 'FROZEN' temporarily if the form is not sent to CRA within 90days from the date of allotment of PRAN.

☒ I hereby provide my consent to utilize of my personal data for Aadhaar based authentication to open PRAN under NPS. .

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 eNPS trust has the right to peruse my financial profile or share the information with other government authorities. I further agree that eNPS 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 of Registration07/03/2022

Place

Signature/Thumb Impression\* 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 (Please refer to Sr no.8 of the instructions):  
Section I \*

US Person \*☐ Yes ☒ No

Section II \*

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

Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
Address in the jurisdiction for Tax Residence	Address Line 1			
	City/Town/Village			
	State			
	ZIP/Post Code			
Permanent Account Number (PAN) / Tax Identification Number (TIN)/Functional equivalent Number				
PAN/TIN/ Functional equivalent Number Issuing Country				
Validity of documentary evidence provided (Wherever applicable)				

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

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 my 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 of Birth

28-05-1994

Place

BAGHPAT

Name of subscriber

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

13.DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

Date of Joining

07/02/2022

Date of Retirement

28/05/2054

Employee Code/ID

46192857

Corporate Regd. Number (CHO No.)  
Allotted by CRA

1636554

CBO No. allotted by CRA

1636562

Certified that the details provided in this subscriber registration form by ANKUR SHARMA employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date 07/03/2022

Place

Signature of the Authorised person (In the box above)	

Designation of the Authorised PersonRubber Stamp of the Corporate (In the box above)

14.To be filled by POP-SP

Receipt No. (17 digits)

POP-SP Registration Number

1615962

Document accepted for date of Birth Proof	<div></div>
Copy of Pan Card submitted	Yes <input type="checkbox"/> No <input type="checkbox"/> KYC Compliance Yes <input type="checkbox"/> No <input type="checkbox"/>
Documents Received	(Originals Verified) Self Certified   (Attested) True Copies
Identity Verification	Done

I/we hereby cetify/cofirm that Shri/Smt/Kum ..... is 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 rerquirements for opening NPS account have been fully compiled with.We further confirm that the S.B a/c of Shri/Smt/Kum ..... is not a 'basic Savings Bank Deposit Account'

		Name	
		Designation:	Place:
POP-SP Seal:	Signature of Authorized Signatory:	Date	

ACKNOWLEDGEMENT

Name of the Subscriber	<div></div>
Acknowledgement	<div></div>
PRAN Allotted	<div></div>
Contribution Amount Remitted	<div></div>
Receipt Number	<div></div>

TO BE FILLED BY CRA

Received at	<div></div>
Date	<div></div>

The subscriber is supposed to submit the physical form along with photograph and signature to CRA at the earliest. If forms are not received within 30 days of PRAN generation, the account will be frozen.

Physical form to be dispatched to the following address. Central Recordkeeping Agency (eNPS), KFinetech, Tower B, Plot Nos. 31 & 32,Selenuim Building, Financial District, Nanakramaguda, Gachibowli, Hyderabad - 500032, Telangana, India