NATIONAL PENSION SYSTEM (NPS)

Central Recordkeeping Agency (CRA) - Protean eGov Technologies Limited. (formerly NSDL e-Governance Infrastructure Ltd.)

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For POP-SP/DDO/NL-CO						For POF	P/POP-S	P/PAO	DTO/D	TA/Pr	AO/ N	L-AO	/NL-C	00 u	se:		
Registration No Date of Receipt:		_				Registra	tion No.										
Jale of Necelpt.		_				Date of	Receipt				POP/F NL-OC			AO/D	TO/D	A/PrA	O/NL-A
Signature and Stamp of F	OP-SP/	DDO/NI	CC			Entered	Ву :				Date: .						
						Verified	Ву:			ا	Date: _				_		
eceipt No.: (Mandatory for PC)P/POP-S	:P)															
cknowledgement No. o be filled by Nodal Office as g	enerated l	by NPSC/	AN / CRA s	ystem)													
reby request for the follow	ing detail	ls for the	change [Please tic	k (✓)].												
Change or Correction	ı in Sub	scribe	r Master	Details		B) Re	issue o	f I-PIN	or T-PI	N (Not	Applica	ble for	NPS-L	∟ite Sι	ıbscribe	r)	
Reissue of PRAN Car	ď																
rmanent Retirement A	ccount	Numbe	r *:														
ereby submit the following	details of	f change	[Please	tick (√) th	e hox on	left margin	of appro	oriate ro	v where	chang	e/corre	ction is	s reau	ired a	and pro	vide th	e details
responding rows.]	actallo of	onango	. įr rease i	uck (*) til	DOX OII	icit margin	от аррго	orrate ro	, which c	chang	0,00,,0	otion it	requ	n cu c	ina pro	vide iii	uctuns i
					5												
ction A – Change or Co	orrectio	n in Su	DSCribe	er waster	Details	(^ Indicat	es Mand	atory Fig	ela)								
1. PERSONAL DETAIL			Sr. No.1	_	uctions)												
Name of Applicant in full		Shri		Smt.		Kumari											
First Name*																	
Middle Name																	
ast Name																	
Subscriber's Maiden Name																	
Father's Full Name: First Name																	
Middle Name																	
_ast Name																	
Mother's Full Name:																	
First Name																	
Middle Name																	
Last Name																	
Date of Birth		1 m	m /														
				ntary proof.	Nodal Of	ffice shall ve	erify the s	ame befo	re upda	tina de	tails in	the CF	RA svs	stem.)			
		Male		Fema			Others			. J			-,-	,			
(Date of Birth should be sup		Marrie	ed	Unma	arried		Others										
(Date of Birth should be sup Gender [please tick (✓)]	:k (✓)]																
(Date of Birth should be sup Gender [please tick (✓)] Marital Status [please tick	ck (✓)]																
(Date of Birth should be sup Gender [please tick (✓)] Marital Status [please tic PAN CARD Spouse Name	ck (✓)]																
(Date of Birth should be sup Gender [please tick (✓)] Marital Status [please tic PAN CARD Spouse Name	EK (✓)]								Genera	ted from	Central K	YC Regis	stry. Sub	omissio		for the sa	me is neces
(Date of Birth should be sup Gender [please tick (✓)] Marital Status [please tic PAN CARD Spouse Name (Refer Sr. No. 1 of instructions)	EK ()]								Genera	ted from (Central K	YC Regis	stry. Sub	omission		for the sa	me is neces
(Date of Birth should be sup Gender [please tick (\sqrt{)}] Marital Status [please tic PAN CARD Spouse Name (Refer Sr. No. 1 of instructions) KYC Number Retirement Adviser Code	Fi	r s	Spouse M	Name field	s are not	applicable	for Gove	d d					stry. Sub	omission		for the sa	me is neces
(Date of Birth should be sup Gender [please tick (\(\' \)] Marital Status [please tick PAN CARD Spouse Name (Refer Sr. No. 1 of instructions) KYC Number Retirement Adviser Code	F i								& NPS L	.ite Su	bscribe	ers			n of proof		me is neces
(Date of Birth should be sup Gender [please tick (\sqrt{)}] Marital Status [please tick PAN CARD Spouse Name (Refer Sr. No. 1 of instructions) KYC Number Retirement Adviser Code KYC Number, Retirement Adviser PROOF OF IDENTIT	F i						ong with	the ident	& NPS L	.ite Su	bscribe	ers se refer	Sr. No.	. 2 of tl	n of proof		me is neces
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(Date of Birth should be sup Gender [please tick (✓)] Marital Status [please tick PAN CARD Spouse Name (Refer Sr. No. 1 of instructions) KYC Number Retirement Adviser Code KYC Number, Retirement Adviser Code Code Code Code Code Code Code Code	F i						ong with Passpo	the ident ort Expir ard	& NPS L	numbe	r) [Pleas	ers se refer	Sr. No.	. 2 of th	n of proof		me is neces
(Date of Birth should be sup Gender [please tick (\(\' \)] Marital Status [please tick PAN CARD Spouse Name (Refer Sr. No. 1 of instructions) KYC Number Retirement Adviser Code KYC Number, Retirement Adviser PROOF OF IDENTIT Passport Voter ID Card Driving License	F i						ong with Passpo	the ident	& NPS L	numbe	r) [Pleas	ers se refer	Sr. No.	. 2 of th	n of proof		y y
(Date of Birth should be sup Gender [please tick (\(\vert \)] Marital Status [please tick PAN CARD Spouse Name (Refer Sr. No. 1 of instructions) KYC Number Retirement Adviser Code	Adviser C		of the doo				ong with Passpo	the ident ort Expir ard	& NPS L	numbe	r) [Pleased d	se refer	Sr. No.	. 2 of the	he instru	y y	me is neces

3. PROOF OF ADDRESS (PoA)	Correspondence Add	dress	Permanent Address
[Please tick (), as applicable] #Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Card/Ration Card/Others Registered Lease/Sale agreem Receipt	(Aadhaar)/Voter ID card/NREGA Job ent of residence/Municipal Tax ricity/Telephone[Landline or postpaid	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill
4 1 CORRESPONDENCE ADDRE	ESS DETAILS [Please refer Sr. No. 2 of the in	nstructions	110010] 5.11
	ential/Business Residential		Registered Office Unspecified Unspecified
Flat/Room/Door/Block no.	eritial/Dustriess resideritial	Landma	
Premises/Building/Village			
Road/Street/Lane			
Area/Locality/Taluk			
City/Town/District			PIN Code
State/U.T.			
4.2 PERMANENT ADDRESS DET	TAIL C Trials (() in the	b	
			e as above.] (Please refer Sr. No. 2 of the instructions)
Flat/Room/Door/Block no.	ential/Business Residential	Business Landma	Registered Office Unspecified Unspecified
Premises/Building/Village		Lanuma	air
Road/Street/Lane			
Area/Locality/Taluk			
City/Town/District			PIN Code
State/U.T.			
5. CONTACT DETAILS			
Tel. (Off) (with STD code) +		Tel. (Res) (with STD code) +	
Mobile + 9 1		(Mobile Number is require	ed for communication and to get SMS alerts)
Email ID			
	k(✓)] Sector ☐ Government Sector naker ☐ Student	Others (Please Specify)	ters 25 lac and above ters Professionals (CA, CS, CMA, etc.)
7. SUBSCRIBER BANK DETAILS	6 [All bank details are mandatory exc	cept MICR Code.] (Please ref	er to Sr no. 4 of the instructions)
You want to change Bank details (In case you want to change bank of Tier I Account: Savings A Bank A/c Number Bank Name	details in both Tier I & Tier II Account,	tick both check box)	
Branch Name			
Branch Address			PIN Code
Branon / tadress			Country
Bank MICR Code		S Code	
Savings A	er I, Please Tick (') else, provide tl A/c Current A/c	ie details below:	
Bank A/c Number	ounchieve _		
Bank Name			
Branch Name			
Branch Address			PIN Code
			Country
Bank MICR Code		S Code	

8. SUBSCRIBERS NOMINATION DETAILS (PI	agga rafar to Sr. No. E	of the inc	tructions	\							
			structions)							
You want to change Nomination details of: Ti		Tier II									
(In case you want to change nomination details i	n both Tier I & Tier II	Accour	it, tick bo	oth che	ck box)						
Tier I Account :											
Name of the Nominee (You can nominate up to a max	imum of 3 nominees and	-	-	ease fill i	n Addition	al Nomi	nation Fo			_	& 5 separately.)
First Name		Middle	Name					L	ast Nam	е	
Deletion ship with the Newsian											
Relationship with the Nominee		D	ate of B	irth (In	case of N	/linor)		d /		1	
Nominee's Guardian Details (in case of a minor)											
First Name		Middle	Name					L	ast Nam	е	
Tier II Account: If same as Tier I, Please	Tick (√) else, provid	de the d	etails b	elow:							
Name of the Nominee (You can nominate up to a max	imum of 3 nominees and	d if you de	esire so p	ease fill	Additional	Nomina	tion Form	n provide	ed on page	s 4 & 5	separately)
First Name		Middle	Name					L	ast Nam	e	
Relationship with the Nominee			Date of E	Birth (In	case of	Minor)		d /		1	
Nominee's Guardian Details (in case of a minor)											
First Name		Middle	Nama						ast Nam		
First Name		Middle	Name					L	asi nan	e	
Reissue of T-PIN, I-PIN and reissue of PR/per the preference given at the time of region to the applicant, do hereby declare that the information & belief.	stration under NP	S.			,						
Date:	/						lmį	Sig pressio	nature/T on* of the	numb Subsc	riber
To be filled by POP / POP-SP											
KYC Compliance : Yes											
KYC document accepted for identify proof :											
KYC document accepted for address proof:											
Copy of PAN card submitted : Yes	No _										
PAN Compliance : Yes											
			Si	gnatur	e of Aut	norize	d Signa	itory			
	Name :						_ Place	:			
POP / POP-SP Seal	Designation :					Date :			m m	у	
	,										

Annexure - S2

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

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 hereby submit the Nomination details for: (Please		account under NPS.
kindly fill separate Nomination Form)		n for both account and in case of different nomination he person(s) mentioned below who is/are member(s)/
of my family to receive the amount in my PRAN acco		
1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
2. Present Communication address of the nomin	nees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee	2nd Nominee	3rd Nominee
4. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share:		
1st Nominee %	2nd Nominee %	3rd Nominee
6. Nominee's Guardian Details (Only in case of a	minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name Last Name	Middle Name Last Name	Middle Name Last Name
Dated this day of		gnature/ Thumb Impression* of the Subscriber

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

er 1.1		Annexure -
TO BE FILLED/ATTESTS	ED BY POP-SP/DDO/NL-CC	
TO BE FILLED/ATTESTE	ED BY FOF-SF/DDO/NL-CC	
Certified that the above d		/ thumb impressed before me by Sh/Smt/Ms
	after he / she have read the entries / entr	ies have been read over to him / her by me and got confirmed by him / her.
DubbanG	Charge of the DOD CD/DDO/NIL CC	Circohus of the Authorized Dayson
Rubber S	Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person
(Allotted by CRA)	gistration Number	Designation of the Authorised Person :
,		POP-SP/DDO/NL-CC Office Name :
D 4		
Date d d / m r	m 1 y y y y	
TO BE FILLED/ATTESTED	BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
		(Allotted by CRA):
		(motical by Gravi).
Rubber Stamp of the PO	OP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	
rabber orang or the TV	31/1 of GLITAGID TOID IN TIME ME ME GO	Signature of the Authorised Person

Ver 1.1 Annexure - S2

INSTRUCTIONS FOR FILLING THE FORM

General Guidelines

- (a) This form is to be used for the purpose of change/correction in Subscriber master details, reissue of I-Pin /T-Pin, reissue of PRAN card.
- (b) The form is to be submitted at the Nodal Office POP/POP-SP for carrying out the necessary changes.
- (c) Please tick the box on the left margin of appropriate row where change/correction is required and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested.
- (d) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- (e) Details Marked with (*) are the mandatory fields. Mention 12 digits PRAN correctly.
- (f) All Dates should be in "DD/MM/YYYY" Format.
- (g) Reissue of T-PIN, I-PIN (Not Applicable for NPS-Lite Subscriber) and reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

S. No	Item No.	Item Details	Instructions						
1	1	Spouse Name	If married, spouse name is mandatory.						
			S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)			
			1	Passport issued by Government of India.	1	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.			
		Identity,	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			
		Correspondence & Permanent address	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			
2	2 2, 3 & 4	details	10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government			
			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.	11	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)			
			prospective customer is same as that declared by him/her in alid proof of both identity and address. Dof differs from the current address mentioned in the account atture communications will be sent to correspondence address. For both have to be submitted.						
3	6	Politically Exposed Person	count		or poli	been entrusted with prominent public functions in a foreign ticians, senior government, judicial or military officials, senior als.			
4	7	Subscriber's Bank Details	conta	ining Subscriber Name, Bank Name, Bank Account Nui	nber a bank	by a documentary proof. Please attach a cancelled cheque and IFS Code. If cheque is not available or cheque is not statement or bank certificate or letter from Bank mentioning uld be submitted.			
5	8	Subscriber's Nomination Details	not be			e nominees must be integer. Decimals/Fractional values shall s all the nominees must be equal to 100. If sum of percentage			

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application.
- c) For more information, contact CRA:

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

Call: 022-4090 4242

Address: Central Recordkeeping Agency (CRA)

Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Limited)

1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,

Lower Parel (W), Mumbai - 400013