| Application for Allotment of Permanent Retirement Account Number (PRAN) under NPS Lite | |
|--|--|
| (To be filled by FC) | |
| Acknowledgement No. | |
| | |
| Permanent Retirement Account Number : (To be filled after PRAN generation) | |
| | |
| | |
| Sir/Madam, | |
| I hereby request that a NPS-Lite account be opened in my name and Permanent Retirement Account number | |
| (PRAN) be allotted based on the particulars given below: | |
| (i TVATV) be allotted based off the particulars given below. | |
| | |
| | |
| (To avoid mistake, please follow the accompanying instructions carefully before filling up the form. * indicates | |
| Mandatory Field) | Signature/Left Thumb Impression of Subscriber in black ink |
| | |
| | |
| | |
| 4. Full Name / Full content of the content of the decomposition of the d | |
| 1. Full Name (Full expanded name: initials are not permitted): Shri Smt. Kumari (Please Tick as applicable) First Name * |) |
| | |
| B A K K I Y A M | |
| Middle Name | |
| | |
| Last Name * | |
| I would like my PRAN card to be printed in HINDI: Yes B No (If Yes, please provide the details on Pag | vo No. 4) |
| 2. Gender * Please Tick as applicable, Male - Female - 3. Date of Birth * 0 1 0 1 0 1 1 9 8 5 (DD/MM/YYYY) | je NO. 4) |
| | |
| 4. Father's Name | |
| First Name * C | |
| Middle Name | |
| Windle Featile | |
| Last Name * | |
| Last Name | |
| 5. Subscriber Mobile Number: 6. Membership Number | or alletted by Aggregator (if any) |
| 5. Subscriber Mobile Number: 9 6 7 7 8 0 5 9 4 3 | er allotted by Aggregator (if any): |
| 7. Subscriber's Address (OPTIONAL. If provided details marked with * are mandatory): | |
| Flat/Unit No, Block no. * | |
| 4 8 5 B A S K A R A D A S N A G A R W A R D 1 | |
| Name of Premise/Building/Village | |
| PERANDAPALLI(P) | |
| Area/Locality/Taluka | |
| KRISHNAGIRI | |
| District/Town/City * | |
| KRISHNAGIRI | |
| State / Union Territory* | |
| TN | |
| Country *Pin Code * | * |
| | |
| 8. Subscribers Bank Details: (OPTIONAL. If provided details marked with * are mandatory) Savings A/c - Curren | |
| Bank A/c Number * | |
| | |
| Bank Name * | |
| | |
| Bank Branch * | |
| | |
| Bank Address * | |
| | |
| | |
| | |

| Bank Branch IFSC (Indian Financial Sys | tems Code) | |
|--|--|--|
| | | |
| 9. Subscribers Nomination Details: (OPTIONAL – p | lease refer to Sr. No. g of the instructions) | |
| 1. Name of the Nominee: | , | |
| 1st Nominee | 2nd Nominee | 3rd Nominee |
| First Name | | irst Name |
| BHARATHIRAJA | | |
| | | |
| Middle Name | Middle Name | liddle Name |
| | | |
| | | |
| Last Name | Last Name L | ast Name |
| | | |
| | | |
| 2. Date of Birth (In case of a minor): | | |
| 1st Nominee | 2nd Nominee 3 | Brd Nominee |
| | 2.1.0 1.0.1 | 14 115 111115 |
| 3. Relationship with the Nominee: | Ond Namina | and Manada a |
| 1st Nominee | 2nd Nominee | Brd Nominee |
| | | |
| 4 Dansartana Ohana | | |
| 4. Percentage Share: | | |
| 1 0 0 70 | | |
| 5. Nominee's Guardian Details | | |
| (in case of a minor): | | |
| 1st Nominee's Guardian Details | | rd nominee's Guardian Details |
| First Name | First Name | irst Name |
| | | |
| DELIE N | | |
| Middle Name | Middle Name | liddle Name |
| | | |
| | | |
| Last Name | Last Name L | ast Name |
| | | |
| | | |
| Declaration & Authorization | | |
| | understood the Offer Document, terms & conditions o | |
| ••• | n a Citizen of India. (c) I have not been found or declar | |
| | d insolvent. (e) I do not hold any pre-existing account u | inder NPS. |
| Declaration under the Prevention of Money La | undering Act, 2002 | |
| I hereby declare that: | from locally declared and accessed sources of incom | 20 |
| | from legally declared and assessed sources of income that the right to peruse my financial profile and also as | |
| | violating the provisions of any Law, directly or indirectly. | |
| to the laws governing prevention of money laundering | | by any competent court of Law, naving relation |
| | s and I meet the prescribed eligibility criteria for assist | ance under the scheme. Lalso undertake to |
| | um Rs. 1000/- and maximum of Rs. 12000/-, failing wh | |
| to my account may be forfeited along with such inte | | |
| , , , , , , , , , , , , , , , , , , , | | |
| I <u>BAKKIYAM -</u> , the appli | | |
| · · · · · · · · · · · · · · · · · · · | d above is true to the best of my knowledge & belief. | |
| Date: | (DD/MM/YYYY) | Signature/Thumb |
| | | mpression* of Subscriber |
| | | |

Pin Code
Bank MICR Code

| Authorization by Aggregator Office (NL-AO): | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that subscriber is eligible to join | | | | | | |
| NPS and the above declaration has been signed / thumb impressed before me by <u>BAKKIYAM</u> | | | | | | |
| after (s)he has read the entries / entries have been read over to him / her by me. | | | | | | |
| | | | | | | |
| | | | | | | |
| (Rubber Stamp of the Aggregator) | | | | | | |
| Signature of the Authorised Person | | | | | | |
| Name of the Aggregator: IFMR Rural Finance Services Pvt. Ltd. NPS Lite- Account office(NL-AO)RegistrationNumber 8 0 0 2 5 6 2 | | | | | | |
| Date: Place: HOSUR NPS Lite- Collection Centre (NL-CC) Registration Number: N P S 0 4 6 1 9 2 G | | | | | | |

INSTRUCTIONS FOR FILLING THE FORM

- a) Form to be filled legibly in BLOCK LETTERS (English only) and in BLACK INK only. 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 canceling and re-writing and such corrections should be countersigned by the applicant.
- b) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- c) The subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- d) Signature /Thumb impression (LTI in case of males and RTI in case of females) should only be within the box provided in the form. The subscriber should not sign across the photograph. If there is any mark on the photograph which hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- e) The application is liable to be rejected if the mandatory fields are left blank or the application is incomplete.
- f) The subscriber's thumb impression should be verified by the designated officer of the Aggregator accepting the form.
- g) Investments would be made as per the Investment norms prescribed for Central Government Employees, through the Pension Fund Manager selected by subscribers
- h) Subscriber also has option to select scheme applicable to Central Government Employees (mandatorily covered under NPS). The i nvestment is made across three PFMs (SBI, UTI, LIC) in the ratio decided by NPS Trust/PFRDA.

i)Subscriber's Nomination Details

Percentage Share:

- 1) Subscriber can nominate a maximum of three nominees.
- 2) Subscriber cannot fill the same nominee details more than once.
- 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s).
- 4) Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected. Nominee's Guardian Details:
- 5) If a nominee is a minor, then nominee's guardian details shall be mandatory.

GENERAL INFORMATION FOR SUBSCRIBERS

- a) The Subscriber can obtain the status of his/her application from the respective Aggregator.
- b) For more information Visit us at http://www.npscra.nsdl.co.in or Call us at 022-24994200 or e-mail us at info.cra@nsdl.co.in or write to Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.

| Details for printing PR | AN card in Hindi (please provi | de the details in Devnagri so | cript): | | | |
|-------------------------------|--|-------------------------------|--------------------------|---------|--------------------------------------|--|
| (* indicates Mandatory Field) | | | | | | |
| Please note that the r | manner in which the names a | re provided in this annexur | e will be displayed on t | he PRAN | card. However, date of birth will be | |
| printed in English only | y. | | | | | |
| Subscriber's F | ull Name: | | | | | |
| First Name *: | ************************************** | | | | | |
| Middle Name *: | | | | | | |
| | | | | | | |
| Father's Full Na | ame: | | | | | |
| First Name * : | | | | | | |
| Middle Name *: | | | | | | |
| Last Name *: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | Signature/Thumb | |
| | | | | li li | mpression of the subscriber | |
| | | | | | | |
| | | Name of the Subscriber: | BAKKIYAM | | | |
| | Subscriber regist | ration and first contribution | | | | |
| Aggregator | : IFMR Rural Finance Servi | ces Pvt. Ltd. | Dat | te: | | |
| Sub Aggregator : | | | | | | |
| CRN | | | | | | |
| Name | | BAKKIYAM - | | | | |
| Scheme | | S/Λ/Δ//ΔΙ ΔΜΒΔΝΙ | | | | |

1000.0000

Amount in Rs.