


| NATIONAL PENSION SYSTEM (eNPS) – SUBSCRIBER REGISTRATION FORM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|--|--|----------------------------------|--|---|--|--|--|-------------------------------------|--|--------------------------------------|--|------------|--|----------------|--|--|--|-------------|--|-------------|--|--|--|--|--|--------|--|--|--|
| SUBSCRIBER REGISTRATION FORM | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aadhaar based registration | | | | | | | | | | | | Non Aadhaar based registration | | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| Please Select your Category | | | | | | | | | | | | All Citizen Model | | | | | | | | <input checked="" type="checkbox"/> | | Corporate Sector | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select your Central Recordkeeping Agency (CRA) | | | | | | | | | | | | NSDL eGovernance Infrastruture Ltd | | | | | | | | <input checked="" type="checkbox"/> | | Karvy Computer Infrastruture Ltd | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To, National Pension System Trust. Dear Sir/Madam, I hereby request that an NPS account be opened in my name as per the particulars given below : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KYC Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retirement Advisor Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. PERSONAL DETAILS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Applicant in full | | | | | | | | | | | | Shri <input checked="" type="checkbox"/> | | | | Smt <input type="checkbox"/> | | | | Kumari <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name * | | | | | | | | | | | | RAJKAMAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | RAJENDRAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | PILLAI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maiden Name (if any*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father's Name* | | | | | | | | | | | | RAJENDRAN PILLAI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Name* | | | | | | | | | | | | KAMALAMMA PS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth * | | | | | | | | | | | | 25 / 01 / 1979 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City of Birth * | | | | | | | | | | | | KOTTAYAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth | | | | | | | | | | | | INDIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status* | | | | | | | | | | | | <input type="checkbox"/> Married | | | | <input type="checkbox"/> Unmarried | | | | <input checked="" type="checkbox"/> Others | | Gender * | | | | <input checked="" type="checkbox"/> Male | | <input type="checkbox"/> Female | | <input type="checkbox"/> Transgender | | | | | | | | | | | | | | | | | | | |
| Nationality* | | | | | | | | | | | | IN-Indian | | | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse Name* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Status* | | | | | | | | | | | | Indian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. PROOF OF IDENTITY(PoI)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport | | | | | | | | | | | | R4633811 | | | | | | | | | | | | Passport expiry Date | | | | | | | | | | | | | | | | | | | | | | | | | |
| Voter ID Card | | | | | | | | | | | | FVM1409424 | | | | | | | | | | | | PAN Card | | | | | | | | APCPK6283L | | | | | | | | | | | | | | | | | |
| Driving License | | | | | | | | | | | | | | | | | | | | | | | | Driving License expiry Date | | | | | | | | | | | | | | | | | | | | | | | | | |
| UID (Aadhaar) | | | | | | | | | | | | | | | | | | | | | | | | NREGA JOB Card | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. PROOF OF ADDRESS (PoA)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proof of Address | | | | | | | | | | | | Passport | | <input checked="" type="checkbox"/> | | Driving License | | | | | | Aadhaar card | | | | | | Voter ID card | | | | | | NREGA Job Card | | | | | | Ration Card | | | | | | Others | | | |
| | | | | | | | | | | | | Registered Lease | | | | | | Sale agreement of residence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Latest Gas Bill | | | | | | Electricity Bill | | | | | | Telephone[Landline] Bill | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1 CORRESPONDENCE ADDRESS DETAILS* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Type* | | | | | | | | | | | | | | Residential/Business | | | | <input checked="" type="checkbox"/> | | Residential | | | | | | Business | | | | | | Registered | | | | | | Unspecified | | | | | | | | | | | |
| Flat/Room/Door/Block no. | | | | | | | | | | | | TC NO 19/597/3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Premises/Building/Village | | | | | | | | | | | | NAKSHATRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Road/Street/Lane | | | | | | | | | | | | SOUTH ROAD, MUDAVANMUKAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area/Locality/Taluka | | | | | | | | | | | | POOJAPPURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town/District | | | | | | | | | | | | THIRUVANANTHAPURAM | | | | | | | | | | | | PIN Code | | | | 695012 | | | | | | | | | | | | | | | | | | | | | |
| State/U.T. | | | | | | | | | | | | KERALA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | INDIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 PERMANENT ADDRESS DETAILS: <input checked="" type="checkbox"/> Tick () in the box in case the address is same as above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Type* | | | | | | | | | | | | | | Residential/Business | | | | <input checked="" type="checkbox"/> | | Residential | | | | | | Business | | | | | | Registered | | | | | | Unspecified | | | | | | | | | | | |
| Flat/Room/Door/Block no. | | | | | | | | | | | | TC NO 19/597/3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Premises/Building/ | | | | | | | | | | | | NAKSHATRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Road/Street/Lane | | | | | | | | | | | | SOUTH ROAD, MUDAVANMUKAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Area/Locality/Taluka | | | | | | | | | | | | POOJAPPURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town/District | | | | | | | | | | | | THIRUVANANTHAPURAM | | | | | | | | | | | | PIN Code | | | | 695012 | | | | | | | | | | | | | | | | | | | | | |
| State/U.T. | | | | | | | | | | | | KERALA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | INDIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. CONTACT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. (Off) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | | | | | | | | | | | | + 91 9620006662 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel. (Res) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | JARKALAM@GMAIL.COM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Form submitted using OTP Authentication (through Email and Mobile) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14-03-2021 17:15:34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

6. OTHER DETAILS

Occupation Details

Private Sector☒

Government☐

Public Sector☐

Self Employed☐

Professional☐

Agriculture☐

Homemaker☐

Student☐

Others-Retired☐

Other (please specify)

Income Range (per annum)

Upto 1 lac☐

1 lac to 5 lac☐

5 lac to 10☐

10 lac to 25 lac☐

25 lac and above☒

Educational Qualifications

Below SSC☐

SSC☐

HSC☐

Graduate☒

Masters☐

Professionals (CA, CS, CMA, etc.)☐

Please Tick If Applicable

Politically exposed☐

Related to Politically exposed☐

7.SUBSCRIBER BANK DETAILS:

Account Type

Savings A/c☒

Current A/c☐

Bank A/c Number

107501504503

Bank Name*

ICICI BANK LIMITED

Branch Name

BANGALORE - SARJAPUR ROAD

Branch Address

ICICI BANK LTD, SURVEY NO.(80/2) , PLOT NO.23 , 24 & 25, BELLANDUR VILLAGE VARTHUR HOBLI ,

Pin Code *

560103

State/U.T.

KARNATAKA

Country

INDIA

Bank MICR

560229030

IFS Code

ICIC0001075

8. SUBSCRIBER NOMINATION DETAILS*

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)

Name of the Nominee provided

Nominee Name

Relationship with the Nominee

Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

Nominee's Guardian

9. NPS OPTION DETAILS(Please tick () as applicable).

I would like to subscribe for Tier II Account also

YES

NO

☒

If yes, please submit details in Annexure I.

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*

(i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:

(a) All Citizen Model: Subscribers under All Citizen model has the option to choose one of the available PFs as per their choice in the table below.

(b) Corporate Model: Subscribers shall have the option to choose one of the available PFs as per the below table in consultation with their respective Employer.

| Name of the Pension Fund | PFM Selected |
|---|-------------------------------------|
| LIC Pension Fund Limited | <input checked="" type="checkbox"/> |
| SBI Pension Funds Private Limited | <input type="checkbox"/> |
| UTI Retirement Solutions Limited | <input type="checkbox"/> |
| ICICI Prudential Pension Funds Management Company Limited | <input type="checkbox"/> |
| Kotak Mahindra Pension Fund Limited | <input type="checkbox"/> |
| Reliance Capital Pension Fund Limited | <input type="checkbox"/> |
| HDFC Pension Management Company Limited | <input type="checkbox"/> |
| BIRLA Sun Life Pension Management Limited | <input type="checkbox"/> |

* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

(ii) INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)

| | | | | |
|---------------|--|-------------|-------------------------------------|--|
| Active Choice | | Auto Choice | <input checked="" type="checkbox"/> | |
|---------------|--|-------------|-------------------------------------|--|

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

1. In case you select Active Choice fill up section III below and if you select Auto Choice fill up section IV below.

2.In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).

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.

| | | | | | |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-------|
| (iii) Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option) | | | | | |
| Asset Class | E (Cannot exceed 75%) | C (Max up to 100%) | G (Max up to 100%) | A (Max up to 100%) | Total |
| % share | 47 | 17 | 36 | | 100% |

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 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 and G 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.

4. 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 including instruments like CMBS,MBS,REITS,AIFs ,Invlts etc.

| | | |
|--|-------------|---|
| (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 | √ | |
| LC 50 | | |
| LC 25 | | |

11. DECLARATION BY SUBSCRIBER*

Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed there under 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 Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. 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 I-PIN (to access CRA website and view details) & T-PIN.

☒ I want Annual Transaction Statement in Email only

☐ I want Physical Annual Transaction Statement

☐ I want ePRAN Card and Welcome Kit in Email only

☐ I want ePRAN Card and physical Welcome Kit

☒ I want Physical PRAN Card along with Welcome Kit

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me has been derived from my legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS 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

1

4

/

0

3

/


2

0

2

1

Place :



Signature/Thumb Impression* of 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:

Section I*

US Person*

YES

NO

√

Document Evidencing Citizenship

YES

NO

Reason for No evidence

Section II*

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

| Country/countries of tax residency | Address in the jurisdiction for Tax Residence | Tax Identification Number (TIN)/Functional equivalent Number | TIN/ Functional equivalent Number Issuing Country | Validity of documentary evidence provided |
|------------------------------------|--|--|---|---|
| INDIA | NAKSHATRA, TC NO 19/597/3, SOUTH ROAD, MUDAVANMUKAL, | APCPK6283L | INDIA | |

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

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 may 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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 4 | / | 0 | 3 | / | 2 | 0 | 2 | 1 |
|---|---|---|---|---|---|---|---|---|---|

Place :

Name of subscriber*: RAJKAMAL RAJENDRAN PILLAI



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

| | | | | |
|--|-------------------------------------|--|-------------------------|--|
| 13. TO BE FILLED BY POP-SP | | | | |
| Receipt No. (17 digits) | | | | |
| POP-SP Registration Number | | | | |
| KYC Compliance | Yes | | No | |
| Document accepted for date of Birth Proof | | | | |
| Copy of PAN card submitted | Yes | | No | |
| Document Received: | (Originals Verified) Self Certified | | (Attested) True Copies: | |
| Identity Verification: | Done | | | |
| Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/Kumis 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 requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Shri/Smt/Kumis not a 'Basic Savings Bank Deposit Account' . | | | | |
| Adhaar Based KYC Certificate: I/we hereby certify that Aadhaar Numberof Sh/Smt/Kum.....has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form. | | | | |

| | | |
|------------------------|-----------------------------------|---|
| To be filled by POP-SP | | |
| | | Name: |
| | | Designation: |
| | | Place: |
| POP-SP Seal | Signature of Authorized Signatory | Date: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |

| | | | |
|--|--------------|----------------------------|---|
| [To be filled by CRA - Facilitation Centre (CRA-FC)] | | | |
| Received by | | CRA-FC Registration Number | |
| Received at | | | Date: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
| Acknowledgement Number (by CRA-FC) | 11421199 | | |
| PRAN Alloted | 110145654260 | | |

| | |
|--|---|
| ACKNOWLEDGEMENT | |
| Name of the Subscriber: | RAJKAMAL RAJENDRAN PILLAI |
| Contribution Amount Remitted: ₹ | 1000.00 |
| Date | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
| Stamp and Signature of the Employer/PoP: | |

ADDITIONAL NOMINATION FORM - TIER I

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, RAJKAMAL RAJENDRAN PILLAI hereby nominate the person (s) mentioned below who is/are of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|--|--|---|
| <div>First Name</div> <div>RAJENDRAN</div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div>PILLAI</div> | <div>First Name</div> <div>RAJKIRAN</div> <div>Middle Name</div> <div>RAJENDRAN</div> <div>Last Name</div> <div>PILLAI</div> | <div>First Name</div> <div></div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div></div> |

2. Present Communication address of the nominees:

| Address of 1st Nominee | Address of 2nd Nominee | Address of 3rd Nominee |
|------------------------------|-------------------------|------------------------|
| TC NO 19/597/3 | TC NO 19/597/3 | |
| NAKSHATRA SOUTH ROAD | NAKSHATRA SOUTH ROAD | |
| MUDAVANMUKAL POOJAPPURA P.O. | MUDAVANMUKAL POOJAPPURA | |

3. Date of Birth* (Only in case of a minor):

| | | | | | |
|-------------|----------------|-------------|----------------|-------------|--|
| 1st Nominee | 10 / 06 / 1945 | 2nd Nominee | 16 / 01 / 1985 | 3rd Nominee | |
|-------------|----------------|-------------|----------------|-------------|--|

4. Relationship with the Nominee:

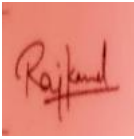
| 1st Nominee | 2nd Nominee | 3rd Nominee |
|-------------|-------------|-------------|
| FATHER | BROTHER | |

5. Percentage Share:

| | | | | | |
|-------------|------|-------------|------|-------------|--|
| 1st Nominee | 50 % | 2nd Nominee | 50 % | 3rd Nominee | |
|-------------|------|-------------|------|-------------|--|

6. Nominee's Guardian Details (Only in case of a minor):

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|---|---|---|
| <div>First Name</div> <div></div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div></div> | <div>First Name</div> <div></div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div></div> | <div>First Name</div> <div></div> <div>Middle Name</div> <div></div> <div>Last Name</div> <div></div> |



Signature/ Thumb Impression* of the Subscriber

Date of Registration: 14 / 03 / 2021

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

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RAJ KAMAL RAJENDRAN PILLA

RAJENDRAN PILLAI

25/01/1979

Permanent Account Number

APCPK5283L



Rajkamal

Signature

Branch
Village Varthur Hobli, Bangalore -560103
Code : ICIC0001075



Cancelled

SBKIT CBS
PERSONAL BANKING : SAVINGS ACCOUNT
Payable at par at all branches of ICICI Bank Limited in India

VALID FOR THREE MONTHS ONLY

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | Y | Y |

Or Bearer

या धारक को

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RAJ KAMAL RAJENDRAN PILLA

Please sign above

130019 5602290301 504503 31