Kindly go through instructions in Page 6, before filling the application form. CSRF NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM Karvy Computershare Select your Central Recordkeeping NSDL e-Governance Pvt. Ltd. Agency (CRA) [Please tick(√)] Infrastructure Ltd. Affix recent colour State Govt. photograph of 3.5 cm × 2.5 cm size / Central Govt. Please select your category NPS Lite (GDS) Corporate Sector All Citizen Model [Please tick( /)] Passport size 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: \* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page) KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers Generated from Central KYC Registry KYC Number (if applicable) Retirement Adviser Code (If applicable) 1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions) Details to be filled as per the Kumari Shri 🗸 Name of Applicant in full VINAY First Name\* KUMAR Middle Name Subscriber's Maiden Name (if any S RAMA CHANDRA REDDY Father's Name\* (Refer Sr. No. 1 of instructions) SUDHARSHANA DEVI Mother's Name\* (Refer Sr. No. 1 of instructions) Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [ Please tick ( ) ] (Date of Birth should be supported by relevant documentary proof) 01/01/1990 Date of Birth\* HYDERABAD City of Birth\* INDIA Country of Birth\* Nationality\* Female Others \_ Gender\* [ Please tick (✓) ] Male \* Others Unmarried \ Marital Status\* Married \_\_\_ write spouse name, if married Spouse Name\* (Refer Sr No 1 of instructions) Indian Residential Status\* 2. PROOF OF IDENTITY (Pol)\* (Any one of the documents need to be provided along with the identification number) Select appropriate downert Passport Expiry Date

PAN Card

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Driving License Expiry Date AAAPAOOOOA Voter ID Card Driving License NREGA JOB Card 123412341234 UID (Aadhaar) I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account. As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form. Correspondence Address **Permanent Address** 3. PROOF OF ADDRESS (PoA)\* Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Card/Ration Card/Others [ Please tick ( / ), as applicable ] #Not more than 3 months old. Please refer Sr. No. 2 of the instructions Registered Lease/Sale agreement of residence Registered Lease/Sale agreement of residence #Latest Gas/Electricity/Telephone[Landline] Bill #Latest Gas/Electricity/Telephone[Landline] Bill 4.1 CORRESPONDENCE ADDRESS DETAILS\* Registered Office Unspecified Business Residential > Residential/Business Address Type\* Landmark 1-17 Flat/Room/Door/Block no. SRCR NIVAS Premises/Building/Village 2ND CROSS Road/Street/Lane LAYUUT HSR Area/Locality/Taluk BANGALORE PIN Code 560001 City/Town/District KARNATAKA State/U.T. 4.2 PERMANENT ADDRESS DETAILS\* Tick (✓) in the box in case the address is same as above. Registered Office Residential/Business Residential Business Address Type\* 201 Flat/Room/Door/Block no. from permanant address is different from permanant address required for both address pin code 5\$5001 PALLI Premises/Building/Village PALLI Road/Street/Lane ANANTAPUL Area/Locality/Taluk ANANTAPUR City/Town/District AMOHLA PLADESH State/U.T.

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11	DECLARATION BY	SUBSCRIBER*	( Please refer to Sr no.	7 of the instructions )
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### 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 thereunder and declare that the information and documents fumished 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

## 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 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.

10/12/2017

Place: Bangalone

Signature/Thumb Impression\* of Subscriber in black ink

0		-3	(* LTI in case of male and RTI in case of females)			
12. DECLARATION ON FATCA* (Foreign A	Account Tax Compliance	Act) COMPLIANCE (Ple	ase refer to Sr no. 8 of the instructi	ons):		
Section I*						
US Person* Yes No						
Section II*			1			
For the purposes of taxation, I am a residen out below or I have indicated that a TIN/fund	t in the following countries ctional equivalent is unavai	and my Tax Identification lable (kindly fill details of	n Number (TIN)/functional equi all countries of tax residence i	f more than one):		
Particulars		Country (1)	Country (2)	Country (3)		
Country/countries of tax residency						
	Address Line 1					
Address in the jurisdiction for Tax	City/Town/Village					
Residence	State					
	ZIP/Post Code					
Tax Identification Number (TIN)/Functions	al equivalent Number					
TIN/ Functional equivalent Number Issuin	g Country					
Validity of documentary evidence provided		1 1	ad I mm I yyyy	dd/mm//yyyy		
"I partiful that				- 100020 700 2 2700		

- 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
- 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 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.

10/12/2017 Date

Place:

Bangolere

(\* LTI in case of male and RTI in case of females)

Signature/Thumb Impression\* of Subscriber in black ink

Name of subscriber

VINAY KUMAL S

	Applicable to Govern	ment Subscribers only					
(Subscribers Emp	loyment Details to be filled and	attested by the Deptt. (All Details a	re Mandatory)				
Date of Joining /	1	Date of Retirement	i $\boldsymbol{I}$ in in $\boldsymbol{I}$ y y y y				
Employee Code/ID (If applicable)							
PPAN (If applicable)							
Group of Employee (Tick as applicable	e) Group A Gr	oup B Group C G	Group D				
Office							
Department							
Ministry							
DDO Registration Number							
DTO/PAO/CDDO/DTA/PrAO Registration	on Number						
Basic Pay							
Pay Scale							
It is certified that the details provided in	this subscriber registration form	ov.	employed with us, including				
the address and employment details p	rovided above are as per the serv	vice record of the employee maintained					
he/she has read entries/entries have b	been read over to him/her by us a	and got confirmed by him/her.					
		0	Dubbas Stamp of the DTO/DAO/CDD/				
Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDD0 DTA/PrAO (In the box above)				
Designation of the Authorised Person	100000000000000000000000000000000000000	Designation of the Authorised Pers	on				
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO					
WEST 475 SECTION (\$150)		Date / / / / / / / / / / / / / / / / / / /					
Deptt/Ministry							
Deptt/Ministry  DECLARATION BY EMPLOYER/ COR	RPORATE						
DECLARATION BY EMPLOYER/ COR  Joining Account  Subscribers En	Applicable to Corpon ployment Details to be filled and 12017  ITURE EMPLOYED BY GOOD CRA 55449  654487  subscriber registration form by per the service record of the employed and the service record of the employed	Prate Subscribers only I attested by Corporate (All Details are Date of Retirement  SEID  IO FILL The UNAY KUMAL S  ployee maintained by us. Also, it is furth	Same details				
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entity Verification : Do	one	
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aving Bank account no hich match the requirements for opeis not a 'Basic dhaar Based KYC Certificate:	ening NPS account have been fully com Savings Bank Deposit Account'	plied with. We further confirm that the S. B. a/c of Sh/Smt/Ku
		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date I I M M I I Y Y Y Y
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	[To be filled by CRA - Facilitation	Centre (CRA-FC)]
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## INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

### **General Guidelines**

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 cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving (a)

and such corrections should be countersigned by the applicant. Least stay a blank box after each word.

In case, you mention the KYC number submission of proof for the same is necessary.

Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back

The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.

Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

) N	ame and A he subscri	ddress of the applican per's thumb's impressi	It mentioned on the form, should match with the documentary proc on should be verified by the designated officer of POP-SP / Nodal	Offic	ce.				
S.	Item	Item Details		struc					
lo	No.	Personal Details	<ul> <li>i. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians.</li> <li>ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN.</li> <li>iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.</li> </ul>						
		Spouse Name	If married, spouse name is mandatory.						
1	1		<ol> <li>Father's name is mandatory.</li> <li>If father's name has more than 30 digits, you may fill Annexure</li> </ol>	II fo	r the	same.			
,,,			If Mother's name has more than 30 digits, you may fill Annexus     If Mother's name has more than 30 digits, you may fill Annexus						
		Wouler's Ivallie	Please ensure that the date of birth matches as indicated in the d	ocun	nent	provided in the support.			
		Didito of an array	- * * * * * * * * * * * * * * * * * * *		.No	Proof of Address (Copy of any one)			
			S.No Proof of Identity (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			
			Bank Pass book or certificate with Photograph.		3	Bank Pass book or certificate with photograph and residentiaddress			
			4 Certificate of the POP bank for an existing Bank customer.		4	Certificate of the POP bank for an existing Bank customer.			
			5 Voters Identity card with photograph and residential address	ss.	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 Parliament or Member of Legislative Assembly	of	7	Letter from any recognized public authority at the level Gazetted officer like District Magistrate, Divisional commissione BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate et			
			8 PAN Card issued by Income tax department		8	Certificate of address with photograph signed by a Member Parliament or Member of Legislative Assembly			
		Identity, Correspondence &	9 Aadhar Card / letter issued by Unique Identification Author of India	rity	9	Aadhar Card / letter issued by Unique Identification Authority India clearly showing the address			
		Permanent address details	10 Job cards issued by NREGA duly signed by an officer of State Government			Job cards issued by NREGA duly signed by an officer of the State Government			
2	2, 3 & 4		11 Identity card issued by Central/State government and Departments, statuary/ Regulatory Authorities, Public Ser Undertakings, Scheduled commercial Banks, Public Finan- Institutions, Colleges affiliated to universities and Professio Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	cial	11	The identity card/document with address, issued by any the following: Central/State Government and its Department Statuary/Regulatory Authorities, Public Sector Undertaking Scheduled Commercial Banks, Public Financial Institutions their employees.			
			12 Photo. Identity Card issued by Defence, Paramilitary a Police department's	and	12	Claimant and showing the address (less than 3 months old)			
			13 Ex-Service Man Card issued by Ministry of Defence to the employees.	heir	13	and showing the address (less than 3 months old)			
			14 Photo Credit card.		14 15	Latest Property/house Tax receipt (not more than one year old Existing valid registered lease agreement of the house on star paper ( in case of rented/leased accommodation)			
		Politically Exposed	Note: (i) If the address on the document submitted for identity proof by opening form, the document may be accepted as a valid pro- (ii) If the address indicated on the document submitted for ident form, a separate proof of address should be obtained. All future & Permanent address are different, then proof for both have (iii) The KYC documents may be submitted within a period of 30 Politically Exposed Persons' (PEPs) are individuals who are or the example heads of state or of the government, senior politicians	to be	roof nmu e sul s aft	differs from the current address mentioned in the account open nications will be sent to correspondence address. If corresponder omitted.  er generation of PRAN. (Only for Government Subscribers)			
3	6	Person	owned corporations, important political party officials.		one take	talle it should be supported by cancelled cheque			
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. In case, subscriber provides bank details, it should be supported by cancelled cheque. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer.						
5	8	Subscriber's Nomination Details	and It's code should be suffiliated.  In case of more than one nominee, percentage share value for accepted in the nomination(s). Sum of percentage share across 100, entire nomination will be rejected.	all t	the r he n	nominees must be integer. Decimals/Fractional values shall not ominees must be equal to 100. If sum of percentage is not equal to 100 to the control of the			
6	10	Pension Fund (PF) Selection and	For more details on 'Investment Option', you may visit CRA web Subscribers from Government sector are currently not allowed	emr	nent				
7	11	Investment Option  Declaration by Subscriber	Signature / Thumb impression should only be within the box procession designated officer of POP/POP-SP/Nodal office with the official			in the form. Thumb impression, if used, should be attested by d stamp. Left Thumb Impression in case of males and Right Thu			
8	12	Declaration by subscriber on FATC/	<ul> <li>for tax purpose in USA.</li> <li>Tax identification Number (TIN): TIN need not be reported if issued a high integrity number with an equivalent level of ide of that type of number for individual include, a social security</li> </ul>	it ha: entific	s no catio	t been issued by the jurisdiction. However, if the said jurisdiction on (a "Functional equivalent"), the same may be reported. Example number, citizen/personal identification/services code/number.			
	9	Compliance	resident registration number) If applicant residence for tax purpose in jurisdiction(s) within Number (TIN)	India		ermanent Account Number (PAN) to be provided as Tax Identifica			

# Number (TIN) Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided General Information for Subscribers

The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer. Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. For more information / clarifications, contact CRA: Website: https://nps.karvy.com Call: 1800 208 1516

Website: https://www.npscra.nsdl.co.in
Call: 022-4090 4242
Address: Central Recordkeeping Agency (CRA)
NSDL e-Governance Infrastructure Limited
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel (W), Mumbai - 400013

Call: 1800 208 1516
Address: Central Recordkeeping Agency (CRA)
Karvy Computershare Pvt. Ltd.
Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda,
Serilingampally Mandal, Hyderabad - 500032