

# NATIONAL PENSION SYSTEM (eNPS) - SUBSCRIBER REGISTRATION FORM

## SUBSCRIBER REGISTRATION FORM

Aadhaar based registration		<input checked="" type="checkbox"/>	Non Aadhaar based registration			
Please Select your Category		All Citizen Model		<input checked="" type="checkbox"/>	Corporate Sector	
Select your Central Recordkeeping Agency (CRA)		NSDL eGovernance Infrastructure Ltd		<input checked="" type="checkbox"/>	Karvy Computer Infrastructure 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 *	KANDARPA CHANDRA SEKHAR OMKAR												
Middle Name													
Last Name													
Maiden Name (if any*)													
Father's Name*													
Mother's Name*	KANDARPA NAGA SATYA RAMANI PRA												
Date of Birth *	2	8	/	0	7	/	1	9	8	6			
City of Birth *	RAJAHMUNDRY												
Country of Birth	INDIA												
Marital Status*	<input type="checkbox"/>	Married	<input checked="" type="checkbox"/>	Unmarried	<input 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				Passport expiry Date									
Voter ID Card				PAN Card		ATNPK9898G							
Driving License				Driving License expiry Date									
UID (Aadhaar)	XXXX-XXXX-XXX3			NREGA JOB Card									
Others													
3. PROOF OF ADDRESS (PoA)*													
Proof of Address	Passport	<input type="checkbox"/>	Driving License	<input type="checkbox"/>	Aadhaar card	<input checked="" type="checkbox"/>	Voter ID card	<input type="checkbox"/>	NREGA Job Card	<input type="checkbox"/>	Ration Card	<input type="checkbox"/>	Others
	Registered Lease	<input type="checkbox"/>	Sale agreement of residence	<input type="checkbox"/>									
	Latest Gas Bill	<input type="checkbox"/>	Electricity Bill	<input type="checkbox"/>	Telephone[Landline] Bill	<input type="checkbox"/>							

### 4.1 CORRESPONDENCE ADDRESS DETAILS\*

Address Type*	<input type="checkbox"/>	Residential/Business	<input checked="" type="checkbox"/>	Residential	<input type="checkbox"/>	Business	<input type="checkbox"/>	Registered	<input type="checkbox"/>	Unspecified
Flat/Room/Door/Block no.	46-7-48									
Landmark	BESIDE OLD CITY HOSPITAL									
Premises/Building/Village	DANAVAIIPETA									
Road/Street/Lane										
Area/Locality/Taluka	DANAVAIIPETA									
City/Town/District	RAJAHMUNDRY (URBAN), RAJAHMUNDRY (URBAN), EAST GODAVARI						PIN Code <input type="text" value="533103"/>			
State/U.T.	ANDHRA PRADESH									
Country	INDIA									

### 4.2 PERMANENT ADDRESS DETAILS: Tick ( ) in the box in case the address is same as above.

Address Type*	<input type="checkbox"/>	Residential/Business	<input checked="" type="checkbox"/>	Residential	<input type="checkbox"/>	Business	<input type="checkbox"/>	Registered	<input type="checkbox"/>	Unspecified
Flat/Room/Door/Block no.	46-7-48									
Landmark	BESIDE OLD CITY HOSPITAL									
Premises/Building/	DANAVAIIPETA									
Road/Street/Lane										
Area/Locality/Taluka	DANAVAIIPETA									
City/Town/District	RAJAHMUNDRY (URBAN), RAJAHMUNDRY (URBAN), EAST GODAVARI						PIN Code <input type="text" value="533103"/>			
State/U.T.	ANDHRA PRADESH									
Country	INDIA									

### 5. CONTACT DETAILS

Tel. (Off)	<input type="text"/>
Mobile	+ 91 <input type="text" value="9581712778"/>
Tel. (Res)	<input type="text"/>
Email ID	KCOMKAR@OUTLOOK.COM

Form submitted using OTP Authentication (through Email and Mobile)

07-05-2021 17:42:48

## 6. OTHER DETAILS

### Occupation Details

Private Sector <input checked="" type="checkbox"/>	Government <input type="checkbox"/>	Public Sector <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>	Agriculture <input type="checkbox"/>		
Homemaker <input type="checkbox"/>	Student <input type="checkbox"/>	Others-Retired <input type="checkbox"/>		Other (please specify) <input type="text"/>			
Income Range (per annum)		Upto 1 lac <input type="checkbox"/>	1 lac to 5 lac <input type="checkbox"/>	5 lac to 10 <input type="checkbox"/>	10 lac to 25 lac <input checked="" type="checkbox"/>	25 lac and above <input type="checkbox"/>	
Educational Qualifications		Below SSC <input type="checkbox"/>	SSC <input type="checkbox"/>	HSC <input type="checkbox"/>	Graduate <input checked="" type="checkbox"/>	Masters <input type="checkbox"/>	Professionals ( CA, CS, CMA, etc.) <input type="checkbox"/>
Please Tick If Applicable		Politically exposed <input type="checkbox"/>		Related to Politically exposed <input checked="" type="checkbox"/>			

## 7. SUBSCRIBER BANK DETAILS:

Account Type	Savings A/c <input checked="" type="checkbox"/>	Current A/c <input type="checkbox"/>
Bank A/c Number	<input type="text" value="03541610112526"/>	
Bank Name*	<input type="text" value="HDFC BANK"/>	
Branch Name	<input type="text" value="BANGALORE - SARJAPUR ROAD"/>	
Branch Address	<input type="text" value="NO 17/1, BELLANDUR GATE, SARJAPUR MAIN ROAD, AGARA POST, BANGALORE KARNATAKA 560034"/>	
Pin Code *	<input type="text" value="560034"/>	
State/U.T.	<input type="text" value="KARNATAKA"/>	
Country	<input type="text" value="INDIA"/>	
Bank MICR	<input type="text" value="560240015"/>	IFS Code <input type="text" value="HDFC0000354"/>

## 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	<input type="checkbox"/>	Auto Choice	<input checked="" type="checkbox"/>
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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	50	30	20		100%

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 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.
- 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.
- 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 ,Invits 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I want Annual Transaction Statement in Email only | <input type="checkbox"/> I want Physical Annual Transaction Statement |
| <input type="checkbox"/> I want ePRAN Card and Welcome Kit in Email only              | <input type="checkbox"/> I want ePRAN Card and physical Welcome Kit   |
| <input checked="" type="checkbox"/> 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

0 7 / 0 5 / 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	DOOR NUMBER: 46-7-48, DANAVAI PETA RAJAHMUNDRY ANDHRA PRADESH	ATNPK9898G	INDIA	28/07/2086

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

0	7	/	0	5	/	2	0	2	1
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Place :

Name of subscriber\*: KANDARPA CHANDRA SEKHAR OMKAR



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	
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Document accepted for date of Birth Proof

Copy of PAN card submitted	Yes		No	
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Document Received: (Originals Verified) Self Certified (Attested) True Copies:

Identity Verification: Done

## Existing Bank Customer:

I/we hereby certify/confirm 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 requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Shri/Smt/Kum .....is not a 'Basic Savings Bank Deposit Account' .

## Adhaar Based KYC Certificate:

I/we hereby certify that Aadhaar Number .....of 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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## [To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by		CRA-FC Registration Number	
Received at		Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Acknowledgement Number (by CRA-FC)	11504795		
PRAN Alloted	110145902782		

## ACKNOWLEDGEMENT

Name of the Subscriber: KANDARPA CHANDRA SEKHAR OMKAR

Contribution Amount Remitted: ₹ 500.00

Date

     

Stamp and Signature of the Employer/PoP:

## ADDITIONAL REQUEST DETAILS

**1. Name of Father**

**2. Name of Mother**

3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)

	Subscriber's Full Name in Hindi	Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form Please refer Sr. No. 1 of the instructions.
First Name		
Middle Name		
Last Name		

(\* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

या धारक का

Rupees रुपये

₹

अदा करें

A/C No.  
खातांक.

03541610112526

Bm: 0354 Pdt: 112  
SB A/C

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

CHANDRA SEKHAR OMKAR K

Please sign above / कृपया यहाँ उत्तमाधार करें

■ 000084 ■ 5602400151 040886 ■ 31



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

ATNPK9898G



नाम / Name

KANDARPA CHANDRA SEKHAR OMKAR

पिता का नाम / Father's Name

KUMARA VENKATESWARLU KANDARPA

जन्म की तारीख /

Date of Birth

28/07/1986

K.C.Omkar

हस्ताक्षर / Signature

28082018