

NATIONAL PENSION SYSTEM (eNPS) – SUBSCRIBER REGISTRATION FORM																																																															
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Aadhaar based registration												Non Aadhaar based registration																✓																																			
Please Select your Category												All Citizen Model								✓		Corporate Sector																																									
Select your Central Recordkeeping Agency (CRA)												NSDL eGovernance Infrastruture Ltd								✓		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				✓		Smt						Kumari																																							
First Name *												MANIK PRABHU																																																			
Middle Name																																																															
Last Name												NANNA																																																			
Maiden Name (if any*)																																																															
Father's Name*												VINOD KUMAR NANNA																																																			
Mother's Name*												SUJATHA NANNA																																																			
Date of Birth *												0		9		/		0		9		/		1		9		7		9																																	
City of Birth *												NARSAPUR																																																			
Country of Birth												INDIA																																																			
Marital Status*												✓		Married								Unmarried								Others						Gender *		✓		Male				Female				Others															
Nationality*												IN-Indian				✓																																															
Spouse Name*												SWARNA LATHA NANNA																																																			
Residential Status*												Indian																																																			
2. PROOF OF IDENTITY(PoI)*																																																															
Passport												Z3194384												Passport expiry Date																																							
Voter ID Card												XSQ1427699												PAN Card								ABRPY2492A																															
Driving License																								Driving License expiry Date																																							
UID (Aadhaar)																								NREGA JOB Card																																							
Others																																																															
3. PROOF OF ADDRESS (PoA)*																																																															
Proof of Address												Passport		✓		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						✓		Residential								Business								Registered								Unspecified																	
Flat/Room/Door/Block no.												H.NO; 3-45/2; MAIN ROAD																																																			
Landmark												NEAR VIJAYA FILLING STATION																																																			
Premises/Building/Village												NARSAPUR																																																			
Road/Street/Lane												MAIN X ROAD																																																			
Area/Locality/Taluka												NARSAPUR																																																			
City/Town/District												MEDAK												PIN Code				502313																																			
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*														Residential/Business						✓		Residential								Business								Registered								Unspecified																	
Flat/Room/Door/Block no.												H.NO; 3-45/2; MAIN ROAD																																																			
Landmark												NEAR VIJAYA FILLING STATION																																																			
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State/U.T.												ANDHRA PRADESH																																																			
Country												INDIA																																																			
5. CONTACT DETAILS																																																															
Tel. (Off)																								Tel. (Res) :																																							
Mobile												+ 91 9966908833																																																			
Email ID												MANIKPRABHUY@GMAIL.COM																																																			

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

625101050149

Bank Name\*

ICICI BANK LIMITED

Branch Name

HYDERABAD - MADHAPUR

Branch Address

ICICI BANK LIMITED, 101-102, SMR VINAY TECHNOPOLIS, BESIDES JAYABHERI SILICON COUNTRY,

Pin Code \*

500033

State/U.T.

ANDHRA PRADESH

Country

INDIA

Bank MICR

500229003

IFS Code

ICIC0000040

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

SWARNA LATHA NANNA

Relationship with the Nominee

WIFE

Date of Birth (In case of Minor)

08 / 03 / 1982

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 type="checkbox"/>	
SBI Pension Funds Private Limited	<input checked="" 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

☒

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	42	26	32		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:- <div>1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset</div> <div>2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset</div> <div>3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset</div>
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.

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

3

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2

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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	INDIA HYDERABAD TELANGANA 502313	ABRPY2492A	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

3	1	/	0	1	/	2	0	1	9
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Place :

Name of subscriber\*:    MANIK   PRABHU   NANNA

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			
<b>Existing Bank Customer:</b> 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' .				
<b>Adhaar Based KYC Certificate:</b> 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: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

[To be filled by CRA - Facilitation Centre (CRA-FC)]									
Received by		CRA-FC Registration Number							
Received at			Date: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Acknowledgement Number (by CRA-FC)	11735146								
PRAN Alloted	110133205150								

ACKNOWLEDGEMENT									
Name of the Subscriber:	MANIK PRABHU NANNA								
Contribution Amount Remitted: ₹	5000.00								
Date	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Stamp and Signature of the Employer/PoP:									