Online Application 20223353551 **CSRF** 

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# NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Central Recordi	keeping Agency (	CRA) – I	NSDL e-	Govern	ance Infra	structure Limi	ted	Affix recent colour photograph of
Please select your	Central Govt.		State G	ovt.	1			3.5 cm × 2.5 cm size / Passport size
category. [Please tick((√))]	All Citizen		Corpor	ate		NPS Lite (GDS)		
To,								
National Pension System Trust.								
Dear Sir/Madam,								
I hereby request that an NPS acco		•	-					
* indicates mandatory fields. Plea KYC Number, Retirement Advise						al guidelines at instru	ctions page)	
KYC Number (if applicable)					Gener	ated from Central KYO	Registry	
Retirement Adviser Code								
(If applicable)								
1. PERSONAL DETAILS: (	Please refer to Sr. No	.1 of the in	structions	5)				
Name of Applicant in full	Shri	Sı	mt.	]	Kumari	✓		
First Name*	ANSI							
Middle name	KESHAR							
Last Name Father's Name*	LAKRA							
(Refer Sr. No. 1 of instruction)		ND KUMAF	KLAKKA					
Subscriber's Maiden Name (if	any)							
Mother's Name		A BERNAD	ETT EKKA	١				
Father's name will be print	ed on PRAN card. In ca	se, mother	's name to	be printe	d instead of f	ather's name [ Plea	se tick () ]	
Date of Birth*	26/09/1998	3						
City of Birth*	SUNDARG	ARH						
Gender* [ Please tick () ]	Male	F	emale	1	Others	Nat	onality*	In-Indian 🗸
Marital Status*	Married	l	Jnmarried	1	Others			
Spouse's Name*								
(Refer Sr. No. 1 of instruction)								
Residential Status*	Indian							
2. PROOF OF IDENTITY (Po	ol)* (Any one of the de	ocuments	need to be	provide	d along with	the identification		
Passport					Passport	Expiry Date		
Voter ID Card					PAN Car		BEFPL0776C	
Driving License					Driving Li	cense Expiry	1	
NREGA JOB Card								
Others Na	me of the ID					Please Refer	Sr. No. 2 of inst	ructions.
UID(Aadhar)								
	gistered with Pension Fund Re haar Authentication system (A							
other Subsidies, Benefits ar	nd Services) Act, 2016 and the	allied rules and	d regulations n	otified there	under. I understar	nd that the Aadhaar detail	s (physical and / o	r digital, as the case
	ng services under NPS will be and that Security and confider							
PFRDA till such time it is ac	ting as CRA for my							
As per the amendments made und								der NPS. If you do not
have Aadhaar and / or PAN at pres	sent, please ensure that these	details are pro	/ided within six	months of s	submission of this	Subscriber Registration F	Form.	
3. PROOF OF ADDRESS (Po	OA)*	Corre	spondenc	e Addres	ss			
[ Please tick (), as applicable #Not more than 3 months old			Aadha	r			Aadhar	
Please refer Sr. No. 2 of the			81827703			8	18277031712	!
4.1 CORRESPONDENCE AD	DRESS DETAILS*							
	Residential/Business	D P	esidential		Business	Registered		nspecified
1	CO ANAND KUMAR L		coluciliai		Dusiness	Landmark		iispecilled
	TELIGHANA	, , , , ,				Landinan		
Road/Street/Lane								
Area/Locality/Taluk	BIRINGATOLI							
City/Town/District	SUNDARGARH					PIN Code	7700	18
State/U.T.	ODISHA							
4.2 PERMANENT ADDR	ESS DETAILS* T	ick () in t	he box ir	ı case t	he addres	s is same as ab	ove.	1
Address Type*	Residential/Business	R	esidential	1	Business	Registered	U	nspecified
Flat/Room/Door/Block no	CO ANAND KUMAR L	AKRA			L	Landmark		
	TELIGHANA					20011011		
Road/Street/Lane								
Area/Locality/Taluk	BIRINGATOLI							
City/Town/District	SUNDARGARH					PIN Code	7700	018

State/U.T.

ODISHA

5. CONTACT DETAIL:	S									
Tel. (Off) (with STD co	ode)	+null				Tel. (	(Res): (with STD cod	le)		
Mobile* (Mandatory)		+91626134				(Moh	bile Number is requir	red for communication	ation and to get SM	IS
Email ID		ansianand2								
6. OTHER DETAILS (	Please	e refer to Sr no	o. 3 of the	instruction	s)					
Occupation Details [ p	olease t	:ick(√) ]								
Private Sector		Govt Sector	/	Public Sector		Profe:	ssional			
Self Employed		Homemaker		Student			(please specify)			
Income Range (per annu		Upto 1 lac		to 5 lac	¬ ,	5 lac to 10 lac	10 lac to	25 lac	25 lac and abo	ive
Educational Qualification		Below SSC	SSC		sc 🗀	Graduate	Masters		ssionals ( CA, CS, C	
Please Tick If		Politically expose	_			Related to Politic			se refer instruction n	
7. SUBSCRIBER BAN	IK DET	AILS* ( Please	refer to S	Sr no. 4 of t	he					
(All the bank details are		•	,							
Account Type [ please	e tick()	_	Saving A/c	· /	C	Current A/c				
Bank A/c Number		36013468435		=			<u> </u>			
Bank Name		STATE BANK	-	4						
Branch Name		BIRINGATOLI								
Branch Address		DIST,SUNDAF	RGARH,O	RISSA,7700	)16				PIN Code 770	
Bank MICR Code		770002507							IFS Code SBI	IN0006798
8. SUBSCRIBERS NO	MINAT	TION DETAILS	* (Please ref	fer to Sr. No . 5	of the in	estructions)				
Name of the Nominee							n Annexure III (Additiona	Nomination Form)	provided	
	rou ca) irst Name	•	Maximum c	3 HUHIII IOOG a	•	isire so piease fiii in le Name	I Afflexure in product.	•	Last Name	
-	ANAND				Nυ	IMAR	: =: · · · · · · ·	-	LAKRA	
Relationship with the No		FATHER					Date of Birth (in ca	ase of a	09/09/1970	
Nominee's Guardian De	•	,			* 4" -1 41					
Firs	st Name	;			Mida	lle Name			Last Name	
9. NPS OPTION DETA	AILS _		(Plea	se tick (√) as	applica	able)				
I would like to subscribe	for Tier	II Account also		YES		NO 🗸	If ves, please	submit details in	n Annexure I.	
(If you wish to activate			+lv vou may	_	rate ann					P of vour
					aph			Jaiou i voc	O 01 10 1 0	or or you.
choice. The list of POP/F			es under iv.	PS and Anne.		0 is available on	CRA website)			
	he print	ū	es under iv	IPS and Annex YES	xure S10	0 is available on ☐ NO		submit details of	տ Annexure II.	
I would like my PRAN to		ted in Hindi		YES	xure S10	NO 🗸	If Yes, please	submit details o		
		ted in Hindi		YES	xure S10	NO 🗸	If Yes, please			
I would like my PRAN to  10. PENSION FUND	(PF) SE	ted in Hindi	D INVEST	YES	ION* (	NO /	If Yes, please	e instructions )		
1 would like my PRAN to  10. PENSION FUND  (i) PENSION FUND  1. Government Sector:	(PF) SE	ted in Hindi  ELECTION ANI  CTION (Tier I): r Government Subscr	D INVEST	YES  MENT OPT  ead below colowing PFs act a	ION* ( onditio	Please referons before op	If Yes, please	e instructions )		
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### 11. DECLARATION BY SUBSCRIBER\* (Please refer to Sr no. 7 of the instructions)

#### 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 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 furnished.

If 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

Yes

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.

Date: Place:  Signature/Thumb Impression* of Subscriber in blace:  (* LTI in case of male and RTI in case of	ck

Particulars	Country (1)	Country (2)	Country (3)	
Country/countries of tax residency		INDIA		
	Address Line 1	CO ANAND KUMAR LAKRA		
		TELIGHANA,null,		
	City/Town/Village			
Address in the jurisdiction for Tax Residence				
	State	ODISHA		
	ZIP/Post Code	770018		
Tax Identification Number (TIN)/Functional	BEFPL0776Q			
TIN/ Functional equivalent Number Issuing	INDIA			
Validity of documentary evidence provided				

## I certify that

Section I\*
US Person\*

Section II'

- 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 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.

Date: 4/17/22 12:00 AM	
Place: COLLECTORATE CUTTACK	

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

<b>10</b>	Applicable to Government							
•	Employment Details to be filled and att							
Date of Joining:  Employee Code/ID (If applicable)  PPAN (If applicable)	23/12/2021 88574		/09/2058 are optional. If you intend to provide,					
		KRA employed with us, including the address and e						
the service record of the employee maintained by	/ us. Also, it is turther certified that he/she has re	ead entries/entries have been read over to him/her t	by us and got confirmed by him/her.					
Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)					
Designation of the Authorised Person	I	Designation of the Authorised Person						
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO						
Deptt/Minist Revenue and Disaster M	lanagement	Date						
14. DECLARATION BY EMPLOYER/	CORPORATE							
	Applicable to Corporate Su	ubscribers only						
(Subscribers	Employment Details to be filled and att	tested by Corporate (All Details are						
Date of Joining:		Date of Retirement:						
Employee Code/ID (If applicable)	Employee Code/ID (If applicable)							
Corporate Regd. Number (CHO No.) Allo	tted by CRA							
CBO No. allotted by CRA								
	Certified that the details provided in this subscriber registration form by employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.							
the service record of the employee maintained by		read the entries / entries have been read over to hi						
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Date:  Signature of the Authorised Person	oy us. Also, it is further certified that he / she has	read the entries / entries have been read over to hi	m / her by us and got confirmed by him / her.					
Date:  Signature of the Authorised Person	on (In the box above)	Place:  Rubber Stamp of the Corpora	m / her by us and got confirmed by him / her.					
Date:  Signature of the Authorised pers	oy us. Also, it is further certified that he / she has	Place:  Rubber Stamp of the Corpora	m / her by us and got confirmed by him / her.					
Date:  Signature of the Authorised pers  Designation of the Authorised Person  15. DECLARATION BY THE AGGRE  Authorisation by Aggregator's office  Certified that the subscriber is registered with	on (In the box above)  GATOR  Applicable to NPS  (NL - AO) the aggregator and he/she has opted to join NPS	Place:  Rubber Stamp of the Corpora	te (In the box					
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Date:  Signature of the Authorised person  Designation of the Authorised Person  15. DECLARATION BY THE AGGRE  Authorisation by Aggregator's office  Certified that the subscriber is registered with signed /thumb impressed before me by	on (In the box above)  GATOR  Applicable to NPS  (NL - AO) the aggregator and he/she has opted to join NPS	Place:  Rubber Stamp of the Corpora  Lite Subscribers  S. I hereby declare that the subscriber is eligible to join entries/ entries have been read over to her/him by	te (In the box  bin NPS and the above declaration has been me.					
Date:  Signature of the Authorised person  Designation of the Authorised Person  15. DECLARATION BY THE AGGREGATION BY THE AGGR	on (In the box above)  GATOR  Applicable to NPS  (NL - AO) the aggregator and he/she has opted to join NPS	Place:  Rubber Stamp of the Corpora  Lite Subscribers  S. I hereby declare that the subscriber is eligible to join entries/ entries have been read over to her/him by	te (In the box  bin NPS and the above declaration has been me.					
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					CSRF
16.	TO BE FILLED BY POP-SP				
	Receipt No. (17 digits)			POP-SP Registration Numb	er
	Document accepted for date of Birth	h Proof:			
	Copy of PAN card submitted	Yes No		KYC Compliance	Yes No
	Documents Received:	(Originals Verified) Self		(Attested) True Copies	
	Documents Received:	Done			
	account no	at	brar	nch and KYC norms required for opening	e Bank having fully operative Saving Bank Bank Account which match the requirements for is not a 'Basic Savings Bank Deposit
		umberof Sh/Sm card are matching with that mentioned			s been checked and the name and address
				Name:	
				Designation	Place
	POP-SP Seal	Signature of Authorized Signatory		Date	
		[To be filled by CRA - Fa	acilita	ation Centre (CRA-	
R	eceived by			CRA-FC Registration Number	
R	eceived at			Date	
Α	cknowledgement Number (by CRA-				
Ρ	RAN Alloted				
		ACKNOW	LEDG	GEMENT	
N	ame of the Subscriber:				
С	ontribution Amount Remitted:				
D	ate of Receipt of Application and Co	ontribution Amount: :			
				Star	mp and Signature of the Employer/PoP: