NATION	NAL PENSION	SYSTEM (NPS) - SU	BSCRIBER REG	GISTRATION	I FORM - Government S	ector	
Print my PRAN in Hindi	WET ENGION				s per Annexure I		
Select your category [Please tic	k()]	Central Governme	<u> </u>	State Gover			
Colour your outogory [1 loads to	ι(/)]	Central Autonomo		State Autono		(200)	
To,		German / tateriorine					
National Pension System Trust	t.						
Dear Sir/Madam,							
I hereby request that an NPS a	ccount be opened	l in my name as per the ր	oarticulars given bel	ow:			
* indicates mandatory fields. Pl	ease fill the form	n English and BLOCK le	tters (Refer general	guidelines at i	instructions page).		
1. PERSONAL DETAILS:	(Refer SI no. 1 c	f instructions)		Use Ar	nnexure II if name exceeds the	he space provided below	
Salutation*	Shri	Smt.	Kumari				
Applicant Name*	SUNIL HEMBF	RAM					
Father's Name	NARENDRA NA	ATH HEMBRAM					
Mother's Name	SITAMANI HE	MBRAM					
Either Father's or Mother's nam	L ne is mandatory*	Select the nam	e to appear on PRA	N Card	√ Father's Name	Mother's Name	
Date of Birth*	25/09/1992		o to appear on the	ar Cara	Applicant is Orp		
Place of Birth*	BHUBANESWA					The street of th	
Country of Birth*	INDIA						
Gender*	✓ Male	Female	Transgender	Nat	tionality*		
Marital Status*	✓ Unmarried	Married		w/Widower	Divorcee		
	O minamed	iviaineu	vvido	vv, v v IGOVVEI	Divolcee	1	
Spouse Name (if married)*					0.1	N F	
PAN Card*	Delaw 4 las		or Form 60 ful			N or Form 60 is mandatory	
Income Range (per annum)	Below 1 lac					ac to 1 Cr Above 1 Cr	
Please Tick If Applicable		xposed person		Politically exp		struction no. 1)	
2. PROOF OF IDENTITY(I	Pol)*	(If PAN is not provided, a		-	ts to be submitted)		
Passport			Passport Expiry Da				
Driving License			Driving License Ex	piry Date			
Government ID Card			Voter ID Card				
National Population Register							
Proof of possession of Aadhaa	r	Provide	last Four Digits. Re	edact or black-	out first 8 digits of the Aadha	ar number on submitted copy	
3. ADDRESS DETAILS*		(To be attested by the N	odal Office)				
Line 1	PLOT NO-374,	H NO-1465					
Line 2	SARNAPALLI						
Village / City	IMMT,BHUBAN	ESWAR		-	Γ		
District	KHORDHA		S	tate/U.T.	ODISHA		
Country	INDIA				PIN Code 757104	4	
4. CONTACT DETAILS						7	
Mobile*	+91943975002	5		Telephone w	vith STD code)		
Email ID	SUNILHEMBRA	MM09@GMAIL.COM					
5. BANK DETAILS*		(Proof to be submitted. F	Refer SI no. 3 of inst	ructions)			
Account Type	✓ Saving A/c	Current A	√c				
Bank A/c Number	32480451628						
Bank Name	STATE BANK (OF INDIA			IFS Code SBIN000	0041	
6. NOMINATION DETAILS	S* (Refer SI no	. 4 of instruction)					
A. The nomination shall be in fa B. A fresh nomination shall be				nominating mo	ore than one person, submit A	Annexure III	
Nominee Name	SAPHIL HEMR	AM					
Relationship	YOUNGER SIS	TER A	\ge	Date of Birth (In case of Minor) 10,	/02/1986	
Name of Guardian				(, [,		
(if nominee is a minor)							
7. SELECTION OF PENSI	ON FUND (PF)	AND INVESTMENT	CHOICE* (Refer	SI no. 5 of ins	truction)		
Please Tick (√) one	<u> </u>	ion (3 Pension Funds - S			·		
,,,,,		to choose my Pension F		t choice (Pleas	·		
	Pension	Fund(Please Tick () one)				e (Please Tick () one)	
Aditya Birla Sunlife Pe	_		Pension Mgmt Co		Active Choice (i.e. 100% i	in Govt Securities)	
ICICI Prudential Pensi	_	<u> </u>	Mahindra Pension		Or		
SBI Pension Funds Pr UTI Retirement Solution		<u> </u>	ension Fund Limited other (please write a		Auto Choice	Conservative (LC25) Moderate (LC50)	
If no option is chosen, the cont				- 7		Moderate (LC50)	
, 1 2 2 3		₁ 33/33/1 Opt					

8. Tier- II Choice (Ple	ease tick () to activate)						
Tio	er-II		Tier II - Tax Saver (only for Central Government employees)				
As per the details given	in Annexure IV	With same bank, nominee					
		With different bank/nominee/investment details as per Annexure IV					
9 FATCA* (Foreign Accoun	t Tax Compliance Act) & CRS	S DECLARA	ATION	(Ref	er SI no. 6 of instru	ıctions)	
				•		,	ntioned holow
	dia and not resident of any other ones	ountry	ran	i a lax it	esident of the coun	try/ies me	Titioned below
Partic		Country (1)			Country (2)		Country (3)
Country/countries		Country (1) INDIA			Country (2)		Oddiniy (O)
	Address Line 4	ADDDECC					
	Address Line 1	ADDRESS					
Address in the jurisdiction for Tax Residence	City/Town/Village	BHUBANES	WAR				
	State	24					
	ZIP/Post Code	1111111111					
		A1111111111111111					
TIN/ Functional equivalent Number Issuing Country Validity of documentary evidence provided (Wherever applicable)		INDIA					
validity of documentary evidence	e provided (virierever applicable)			<u>!</u>			
I have understood the information	requirements of this Form (read a	long with the	FATCA/CRS Instruc	ctions	6. :8	House	ban
and Terms & Conditions) and here	eby confirm that the information pr	•			Canil	Jun	00.001.0
correct, and complete and hereby	accept the same.				Signature/Th	•	ression* of Applicant (refer
						instr	uctions)
	PLICANT* (Refer SI no. 7 of ins	,					
documents furnished by me ar	terms and conditions of the Natior re true and correct, to the best	of my know	edge. Any change	s in the			
•	II be informed to CRA / NPS Trus shall be fully liable for submission		, .		t 6 :8	Home	bonn
Declaration under the Prevention	of Money Laundering Act, 2002	·			Cunil	Jun	70 - 224 - 1
•	ution paid by me/on my behalf has understand that NPS Trust has tl		0 ,		1		
share the information, with other	government authorities. I further a ating the provisions of any law rela	gree that NP	S Trust has the right	to close	、	e/Thumb Ir	mpression* of Applicant
Date: 01/09/2023	Place:	amy to prove	mion of money laan	aomig.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		nd RTI in case of females to ression in case no hands)
11. DECLARATION BY NO	DAL OFFICE (All Details are	Mandatory			· ·	·	, , , , , , , , , , , , , , , , , , ,
Date of Joining	20/12/2021	• ,	Retirement	30/0	<u> </u>		
Employee Code/ID (If applicable)			1				
PPAN (If applicable)					/ee Code/ID and F e,mention any one.	PPAN are	optional. If you intend to
Name of the office							
Department	НОМ						
Ministry	HOME						
DDO Registration Number		DTO/I	PAO/CDDO/DTA/Pr	AO Reg	istration Number		
It is certified that SUNIL HEM	IBRAM				is employed with	— h us and tl	he details provided in this
	n including the address and emplo	vment details	provided above are	e as per	_ the service record	of the em	plovee maintained with us.
	ments are verified by this office. A						
do and got committee by minimier.							
Signature of the Authorised pe	erson Rubber Stamp of t	he DDO	Signature of the	ne Autho	orised person		ubber Stamp of the PAO/CDDO/DTA/PrAO
Designation of Authorised Persor	·	Designation of Authorise			210/1	THE TOP OF THE	
Name of the DDO		Name of DTO/PAO/CDD					
Deptt/Ministry		Date					
		ACKNOW	LEDGEMENT				
Name of the Subscriber: SL	JNIL HEMBRAM						
Date of Receipt of Application:	01/09/2023						
					Stamp an	d Signatu	re of Nodal Officer

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

(a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by the nodal office are liable to be rejected. (b) Copies of documents submitted by the applicant should be self-attested. (c) Applicants are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.

SI	Item No	Item Details	Instructions
		Father's Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted
1	1	Politically Exposed Person	Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.
2	2	Proof of Idenity	If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked in the submitted copy
3	5	Bank Details	For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Account Number and IFS Code.
4	6	Nomination Details	(a) If a subscriber has family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favour of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family. (b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100.
5	7	Selection of Pension Fund (PF) & Investment Choice	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 / LC 25 under 'Auto Choice'. The choices exercised by applicants from State Government/Autonomous body shall be ignored if the choice is not extended by the respective employer and the contributions shall be invested as per the default choice. If no choice is provided, the contributions will be distributed among the three default Pension Funds (SBI/UTI/LIC) selected by the Government.
6	9	FATCA & CRS Declaration	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: • Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) • 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. • In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form
7	9 & 10	Declaration / Signature by Applicant	In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp.

		Form for Government Sect			
Annexure I - F	Print PRAN Card in Hir	ndi (Fill the details in	Devnagri script)		
Applicant's First Name					
Middle Name					
Last Name					
Father/Mother's First Na	ame				
Middle Name					
Last Name					
	f alababata of same a		d an man 4 of the		
	r alphabets of name e	xceeded the space provide	d on page 1 of the a	application form	
Applicant's First Name					
Middle Name					
Last Name					
Father's First Name					
Middle Name					
Last Name					
Mother's First Name					
Middle Name					
Last Name					
A re re e vi ure III	Additional Nomination	For Tier-I	For Tie	r-II For Tier-II Tax Saver	
	Additional Nomination				
Percentage Share	Nominee I	Nominee II	Nominee III	Total should be equal to 100%	
Nominee I - Name	e [
Relationship Name of Guardial			Age	Date of Birth (In case of Minor)	
Name of Guardial	I				
= Nominee II - Nam	le				
Relationship Name of Guardian (if nominee is a m			Age	Date of Birth (In case of Minor)	
Name of Guardial					
Nominee III - Nan	ne				
Relationship Name of Guardial (if nominee is a m			Age	Date of Birth (In case of Minor)	
	n l				
(if nominee is a m	I				
(ii Herriinee is a ri	ninor)		Astivata Tian II Tav	Coverilla to Control Covit amplement on	I. A
Annexure IV - tic	I	Activate Tier-II	Activate Tier-II Tax	Saver# (available to Central Govt employees on	ly)
(ii Herriinee is a ri	ninor)	Activate Tier-II	Activate Tier-II Tax	Saver# (available to Central Govt employees on	ly)
Annexure IV - tic	k and fill as		Activate Tier-II Tax		ly)
Annexure IV - tic	k and fill as	Bank detai	ils for Tier-II are as und		ly)
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Annexure IV - tic PAN* No change in Ba Account Type	ank details	Bank detai	ils for Tier-II are as und		ly)
Annexure IV - tice PAN* No change in Baccount Type Bank A/c Number Bank Name	ank details Saving A/o	Bank detai	ils for Tier-II are as und	der:	ly)
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