

NATIONAL PENSION SYSTEM
CENTRAL RECORDKEEPING AGENCY (CRA)

| | |
|---|---|
| SH ARABINDA NAIK B405, BAISHNAV VIHAR APARTMENT, BOMIKHAL,RASULGARH, CUTTACK-PURI, 751010, Odisha, India Mobile No. | <div>Permanent Address</div> TENTULIKHUNTI, THUAPADAR, UTKELA, PS-BHAWANIPATNA, 766011, Odisha, India |
|---|---|

Dear Subscriber,

CRA welcomes you to the National Pension System (NPS). We take pleasure in informing that the Permanent Retirement Account Number ((PRAN) allotted to you is:

110210101908

and your Service Provider (POP) is

Directorate of Treasuries and Inspection, Orissa

Please find enclosed your PRAN kit containing the following:

- PRAN Card: The PRAN card features your PRAN, Name, Father/ Mother Name, Photograph and Signature/thumb impression and is an identification of joining the NPS. Kindly quote PRAN for all future correspondence. Kindly keep the card safely and produce it whenever required.
- Subscriber Master Report (Details Overleaf) : The report contains your details which are registered with us. Kindly verify the details and notify discrepancy, if any, to your Administrative Office or the CRA Helpline at the toll free number.
- The procedure for generation of IPIN-TPIN has been emailed to you. Brief process of reset IPIN-TPIN is as follows:

- 1.1- PIN: a) Visit our website www.cra-nsdl.com and click on the menu - 'Forgot Password'
 b) Select the option - 'Instant Set/Reset IPIN'
 c) Provide your PRAN and other relevant details and set your IPIN through One Time Password (OTP)
2. T- PIN: a) Call our Toll Free number 1800 222 080 and input User ID i.e. PRAN
 b) Press 2 for 'Reset of T- PIN'
 c) The Subscriber Care Executive will assist you in setting the password once you have answered few basic questions as a part of KYC

The 1-PIN has to be set online and T-PIN by calling Toll free no. Kindly note that no separate 1-PIN and T-PIN mailers will be sent.

- Subscriber Brochure:An easy to understand guide to manage your Permanent Retirement Account is enclosed.

As a subscriber, you are entitled to following benefits-

- 24 X 7 online access to your NPS account
- Tax benefit under applicable sections of the Income-Tax Act, 1961
- PRAN portability (Across Jobs and Locations)
- CRA Helpline (1800 222 080) access for resolving queries

We thank you for being our valuable subscriber and giving us an opportunity to serve you.

With warm regards,

Central Recordkeeping Agency

(This being a computer generated letter, no signature is required)

We are also available on Facebook. To view the Facebook page. please visit to facebook.com/nps.NSDL

1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai - 400 013, India

Tel.: 91-22-2499 3499| Fax: 91-22-2499 4974 | Web: www.npskra.nsdل.co.in | www.egov-nsdl.co.in  facebook.com/nps.NSDL

NATIONAL PENSION SYSTEM
CENTRAL RECORDKEEPING AGENCY (CRA)

| | | | | | | |
|------------------|--|--------------|-----------------|------------------------------|-----------------|--|
| PERSONAL DETAILS | Subscriber's Name: SH ARABINDA NAIK | | | Father's Name: MOHANLAL NAIK | | |
| | Subscriber Marital Status : UNMARRIED | | | Mother's Name: PASHURA NAIK | | |
| | Permanent Retirement Account Number (PRAN) | 110210101908 | Activation Date | 24/01/2024 | Contact Details | |
| | PAN | AWAPN5327M | Date of Birth | 1990-06-22 | Telephone: | |
| | | | | | Mobile: | |
| | Gender | MALE | Email ID | | | |

| | |
|----------------------|---------------------------------------|
| Declaration on FATCA | |
| US Person : NO | Tax Identification Number: AWAPN5327M |

| | | |
|--------------------|--|-------------------------|
| EMPLOYMENT DETAILS | Point of Presence (POP) Office Name | POP Registration No. |
| | Directorate of Treasuries and Inspection, Orissa | 3100156 |
| | Point of Presence- Service Provider (POP-SP) Office Name | POP SP Registration No. |
| | District Treasury Office, Khurda | 10050490 |

| | | | | | |
|--------------------|----------------------|----------------|-----------|--|----------------|
| TIER I | | | | | |
| BANK DETAILS | Name of the Bank | HDFC BANK | | Address | |
| | Account Number | 50100045276664 | | PRUDENTIAL BUILDING,GROUND FLOOR,HIRANANDANI BUSIN | |
| | Account Type | SAVINGS | | | |
| | MICR Code | 400240039 | | | |
| | IFS Code | HDFC0000239 | | Branch | MUMBAI - POWAI |
| NOMINATION DETAILS | | Nominee 1 | Nominee 2 | Nominee 3 | |
| | Name of the Nominee | MOHANLAL NAIK | - | - | |
| | Date of Birth | 1970-01-04 | - | - | |
| | Relationship | FATHER | - | - | |
| | Share (in %) | 100% | - | - | |
| | Guardian's Details | | - | - | |
| | | | | | |
| SCHEME DETAILS | | Scheme 1 | Scheme 2 | Scheme 3 | Scheme 4 |
| | Pension Fund Manager | - | - | - | - |
| | Scheme Name | - | - | - | - |
| | Share (in %) | - | - | - | - |

| | | | | | |
|-----------------------------------|----------------------|-----------|-----------|-----------|----------|
| TIER II ACCOUNT IS NOT OPTED | | | | | |
| BANK DETAILS | Name of the Bank | - | | Address | |
| | Account Number | - | | - | |
| | Account Type | - | | | |
| | MICR Code | - | | | |
| | IFS Code | - | | Branch | - |
| NOMINATION DETAILS | | Nominee 1 | Nominee 2 | Nominee 3 | |
| | Name of the Nominee | - | - | - | |
| | Date of Birth | - | - | - | |
| | Relationship | - | - | - | |
| | Share (in %) | - | - | - | |
| | Guardian's Details | - | - | - | |
| | | | | | |
| SCHEME DETAILS | | Scheme 1 | Scheme 2 | Scheme 3 | Scheme 4 |
| | Pension Fund Manager | - | - | - | - |
| | Scheme Name | - | - | - | - |
| | Share (in %) | - | - | - | - |

| |
|---|
| Point of Presence- Service Provider (POP-SP) Address |
| Unit III, TA Bhawan,Kharvel Nagar,Khurda,Bhubaneswar,Odisha,INDIA |

NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM - Government Sector

Print my PRAN in Hindi

☐ YES☒ NO

If Yes, submit details as per Annexure I

Select your category [Please tick()]

☐ Central Government☐ State Government

☐ Central Autonomous Body☐ State Autonomous Body


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 :

* indicates mandatory fields. Please fill the form in English and BLOCK letters (Refer general guidelines at instructions page).



1. PERSONAL DETAILS: (Refer SI no. 1 of instructions)

Use Annexure II if name exceeds the space provided below

Salutation*

☐ Shri☐ Smt.☐ Kumari

Applicant Name*

ARABINDA NAIK

Father's Name

MOHANLAL NAIK

Mother's Name

PASHURA NAIK

Either Father's or Mother's name is mandatory*

Select the name to appear on PRAN Card

☒ Father's Name☐ Mother's Name

Date of Birth*

22/06/1990

☐ Applicant is Orphan*

Place of Birth*

BHUBANESWAR

Country of Birth*

INDIA

Gender*

☒ Male☐ Female☐ Transgender

Nationality*

Marital Status*

☒ Unmarried☐ Married☐ Widow/Widower☐ Divorcee

Spouse Name (if married)*

PAN Card*

AWAPN5327M

or

Form 60 furnished

☐

Submission of PAN or Form 60 is mandatory

Income Range (per annum)

☐ Below 1 lac☐ 1 lac to 5 lac☒ 5 lac to 10 lac☐ 10 lac to 25 lac☐ 25 lac to 1 Cr☐ Above 1 Cr

Please Tick If Applicable

☐ Politically exposed person☐ Related to Politically exposed person

(Refer instruction no. 1)

2. PROOF OF IDENTITY(Pol)*

(If PAN is not provided, any one of the following documents to be submitted)

Passport

Passport Expiry Date

Driving License

Driving License Expiry Date

Government ID Card

Voter ID Card

National Population Register

Proof of possession of Aadhaar

Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on submitted copy

3. ADDRESS DETAILS*

(To be attested by the Nodal Office)

Line 1

B405

Line 2

BAISHNAV VIHAR APARTMENT

Village / City

BOMIKHAL,RASULGARH

District

KHORDA

State/U.T.

ODISHA

Country

INDIA

PIN Code

751010

4. CONTACT DETAILS

Mobile*

+919337239765

Telephone with STD code)

Email ID

ARBINDA12@MANAGEITES.ORG

5. BANK DETAILS*

(Proof to be submitted. Refer SI no. 3 of instructions)

Account Type

☒ Saving A/c☐ Current A/c

Bank A/c Number

50100045276664

Bank Name

HDFC BANK

IFS Code

HDFC0000239

6. NOMINATION DETAILS*

(Refer SI no. 4 of instruction)

A. The nomination shall be in favour of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III

B. A fresh nomination shall be made by the subscriber on his/her marriage.

Nominee Name

MOHANLAL NAIK

Relationship

FATHER

Age

Date of Birth (In case of Minor)

04/01/1970

Name of Guardian (if nominee is a minor)

7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE*

(Refer SI no. 5 of instruction)

Please Tick (√) one

☐ Default option (3 Pension Funds - SBI/UTI/LIC and default CG Scheme)

☐ I would like to choose my Pension Fund and investment choice (Please select below)

Pension Fund(Please Tick () one)

☐ Aditya Birla Sunlife Pension Management Ltd

☐ ICICI Prudential Pension Funds Mgmt Co Ltd

☐ SBI Pension Funds Private Limited

☐ UTI Retirement Solutions Limited

☐ HDFC Pension Mgmt Co Ltd

☐ Kotak Mahindra Pension Fund Ltd

☐ LIC Pension Fund Limited

☐ Any other (please write and tick)

Investment Choice (Please Tick () one)

Active Choice (i.e. 100% in Govt Securities)

Or

Auto Choice

Conservative (LC25)

Moderate (LC50)

If no option is chosen, the contributions will be invested as per default option

8. Tier- II Choice

(Please tick () to activate)

Tier-II

As per the details given in Annexure IV

With same bank, nominee

With different bank/nominee/investment details as per Annexure IV

Tier II - Tax Saver (only for Central Government employees)

9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION

(Refer SI no. 6 of instructions)

I am a tax resident of India and not resident of any other country

I am a tax resident of the country/ies mentioned below

US Person

Yes

√

No

| Particulars | | Country (1) | Country (2) | Country (3) |
|---|-------------------|---------------------|-------------|-------------|
| Country/countries of Tax Residency | | INDIA | | |
| Address in the jurisdiction for Tax Residence | Address Line 1 | ADDRESS | | |
| | City/Town/Village | BHUBANESWAR | | |
| | State | 24 | | |
| | ZIP/Post Code | 1111111111 | | |
| Tax Identification Number (TIN)/Functional equivalent Number | | A111111111111111111 | | |
| TIN/ Functional equivalent Number Issuing Country | | INDIA | | |
| Validity of documentary evidence provided (Wherever applicable) | | | | |

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same.

Signature/Thumb Impression* of Applicant (refer instructions)

10. DECLARATION BY APPLICANT*

(Refer SI no. 7 of instructions)

I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. 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 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.

Date:

24/01/2024

Place:

Signature/Thumb Impression* of Applicant

(*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

11. DECLARATION BY NODAL OFFICE

(All Details are Mandatory)

Date of Joining

26/12/2023

Date of Retirement

30/06/2050

Employee Code/ID (If applicable)

Employee Code/ID and PPAN are optional. If you intend to provide,mention any one.

PPAN (If applicable)

Name of the office

Department

FIN

Ministry

FINANCE

DDO Registration Number

DTO/PAO/CDDO/DTA/PrAO Registration Number

It is certified that

ARABINDA NAIK

is employed with us and the details provided in this

in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

| | | | |
|------------------------------------|-------------------------|------------------------------------|---|
| Signature of the Authorised person | Rubber Stamp of the DDO | Signature of the Authorised person | Rubber Stamp of the DTO/PAO/CDDO/DTA/PrAO |
| Designation of Authorised Person | <div></div> | Designation of Authorised Person | <div></div> |
| Name of the DDO | <div></div> | Name of DTO/PAO/CDDO/DTA/PrAO | <div></div> |
| Deptt/Ministry | <div></div> | Date | <div></div> |

ACKNOWLEDGEMENT

Name of the Subscriber:

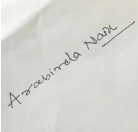
ARABINDA NAIK

Date of Receipt of Application:

24/01/2024

Stamp and Signature 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. | | | |
| Sl | Item No | Item Details | Instructions |
| 1 | 1 | 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 |
| | | 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 Identity | 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 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: <ul style="list-style-type: none">• 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. |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|----------------------|--------------------------------------|---|------------|----------------------|----------------------|----------------------------------|---|---------------|--|----------------------|--|----------------------|----------------------|----------------------|----------------------|------|---------------------|----------------------|-----------------|----------------------|-------------------|----------------------|
| Annexures - Subscriber Registration Form for Government Sector applicants | | | | | (Tick and fill applicable annexures below) | | | | | | | | | | | | | | | | | | | | |
| <div><input type="checkbox"/> Annexure I - Print PRAN Card in Hindi</div> <div>(Fill the details in Devnagri script)</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant's First Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father/Mother's First Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><input type="checkbox"/> Annexure II - If alphabets of name exceeded the space provided on page 1 of the application form</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant's First Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father's First Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's First Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><input type="checkbox"/> Annexure III - Additional Nomination</div> <div><input type="checkbox"/> For Tier-I</div> <div><input type="checkbox"/> For Tier-II</div> <div><input type="checkbox"/> For Tier-II Tax Saver</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Percentage Share | | Nominee I | | <input type="text"/> | | Nominee II | | <input type="text"/> | | Nominee III | | <input type="text"/> | | Total should be equal to 100% | | | | | | | | | | | |
| Nominee I | Nominee I - Name | | | | | | | | | | | | | | | | | | | | | | | | |
| | Relationship | | <input type="text"/> | | | Age | | <input type="text"/> | | Date of Birth (In case of Minor) | | | <input type="text"/> | | | | | | | | | | | | |
| | Name of Guardian (if nominee is a minor) | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominee II | Nominee II - Name | | | | | | | | | | | | | | | | | | | | | | | | |
| | Relationship | | <input type="text"/> | | | Age | | <input type="text"/> | | Date of Birth (In case of Minor) | | | <input type="text"/> | | | | | | | | | | | | |
| | Name of Guardian (if nominee is a minor) | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominee III | Nominee III - Name | | | | | | | | | | | | | | | | | | | | | | | | |
| | Relationship | | <input type="text"/> | | | Age | | <input type="text"/> | | Date of Birth (In case of Minor) | | | <input type="text"/> | | | | | | | | | | | | |
| | Name of Guardian (if nominee is a minor) | | | | | | | | | | | | | | | | | | | | | | | | |
| Annexure IV - tick and fill as | | | | | | | | | | <input type="checkbox"/> Activate Tier-II | | <input type="checkbox"/> Activate Tier-II Tax Saver# | | (available to Central Govt employees only) | | | | | | | | | | | |
| PAN* | | <input type="text" value="AWAPN5327M"/> | | | | | | | | | | | | | | | | | | | | | | | |
| <div><input type="checkbox"/> No change in Bank details</div> <div><input type="checkbox"/> Bank details for Tier-II are as under:</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Type | | <input type="checkbox"/> Saving A/c | | <input type="checkbox"/> Current A/c | | | | | | | | | | | | | | | | | | | | | |
| Bank A/c Number | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name | | <input type="text"/> | | | | IFS Code | | <input type="text"/> | | | | | | | | | | | | | | | | | |
| <div><input type="checkbox"/> No change in Nominee details</div> <div><input type="checkbox"/> Nominee details for Tier-II are as under:</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominee Name | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | | <input type="text"/> | | | Age | | <input type="text"/> | | Date of Birth (In case of Minor) | | | <input type="text"/> | | | | | | | | | | | | | |
| Name of Guardian (if nominee is a minor) | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| In case you desire to nominate more than one person, fill Annexure III above | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><input type="checkbox"/> Investment details for Tier-II are as under:</div> <div>#only selection of PF is required</div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pension Fund* (Please Tick (✓) one) | | | | | Investment Choice (Please Tick (✓) one) | | | | | | | | | | | | | | | | | | | | |
| <div><div><input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd</div><div><input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co</div><div><input type="checkbox"/> SBI Pension Funds Private Limited</div><div><input type="checkbox"/> UTI Retirement Solutions Limited</div></div> <div><div><input type="checkbox"/> HDFC Pension Mgmt Co Ltd</div><div><input type="checkbox"/> Kotak Mahindra Pension Fund Ltd</div><div><input type="checkbox"/> LIC Pension Fund Limited</div><div><input type="checkbox"/> Any other (please mention)</div></div> | | | | | <div><div><input type="checkbox"/> Active Choice mention the % share in each asset class</div><table><tr><td>E(Upto100%)</td><td>C (Upto 100%)</td><td>G (Upto 100%)</td><td>A (Upto 5%)</td><td>Total</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>100%</td></tr></table><div><div><input type="checkbox"/> Auto Choice</div>Select one life cycle fund below</div><table><tr><td>Conservative (LC25)</td><td><input type="text"/></td><td>Moderate (LC50)</td><td><input type="text"/></td><td>Aggressive (LC75)</td><td><input type="text"/></td></tr></table></div> | | | | | E(Upto100%) | C (Upto 100%) | G (Upto 100%) | A (Upto 5%) | Total | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 100% | Conservative (LC25) | <input type="text"/> | Moderate (LC50) | <input type="text"/> | Aggressive (LC75) | <input type="text"/> |
| E(Upto100%) | C (Upto 100%) | G (Upto 100%) | A (Upto 5%) | Total | | | | | | | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 100% | | | | | | | | | | | | | | | | | | | | | |
| Conservative (LC25) | <input type="text"/> | Moderate (LC50) | <input type="text"/> | Aggressive (LC75) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| Name of the Applicant | | <input type="text" value="ARABINDA NAIK"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Place | | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | <input type="text" value="24/01/2024"/> | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div></div><div>Signature / Thump Impression* of Applicant (refer instructions)</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | |