Online Application 20236466525

CSRF

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

| Central Record | ceeping Agency | (CRA) – | NSDL e- | Govern | ance Inf | frastr | ucture Lim | ited | Affix recent colour photograph of |
|--|--|--|---|--|--|--|---|--|---|
| Please select your | Central Govt. | | State 0 | Sovt. | / | 1 | | | 3.5 cm × 2.5 cm size / Passport size |
| category. [Please tick((√))] | All Citizen | | Corpoi | rate | | j N | IPS Lite (GDS | | |
| To, National Pension System Trust. Dear Sir/Madam, | | | | -i b . l | | ' | | | |
| hereby request that an NPS acco | | · · · · · · · · · · · · · · · · · · · | • | | | noral au | idolinos at instru | ctions page) | 1 |
| KYC Number, Retirement Adviser | | | | | | | ildelilles at Illstid | ctions page) | |
| KYC Number (if applicable) | | | | | Ger | nerated | from Central KY | C Registry | |
| Retirement Adviser Code (If applicable) | | | | | | | | | |
| 1. PERSONAL DETAILS: (I | Please refer to Sr. N | o.1 of the ir | nstruction | s) | | | | | |
| Name of Applicant in full | Shri | | imt. | | Kumari | | | | |
| First Name* Middle name | SAISIKA | AN | | | | | | | |
| Last Name | PATRA | | | | | | | | |
| Father's Name* (Refer Sr. No. 1 of instruction) | | SANTA KUN | MAR PATR | A | | | | | |
| Subscriber's Maiden Name (if | any) | | | | | | | | |
| Mother's Name | | SPALATA | PATRA | | | | | | |
| Father's name will be print Date of Birth* | ed on PRAN card. In c 15/06/199 | | r's name to | be printe | ed instead o | of fathe | er's name [Plea | se tick ()] | |
| City of Birth* | NAYAGA | | | | | | | | |
| Gender* [Please tick ()] | Male | | Female | | Others | | Nat | ionality* | In-Indian 🗸 |
| Marital Status* | Married | | Unmarried | 1 | Others | | i | | |
| Spouse's Name* | N.A. | | | | | | _ | | |
| (Refer Sr. No. 1 of instruction) | | | | | | | | | |
| Residential Status* | Indian | | | | | | | | |
| 2. PROOF OF IDENTITY (Po | ol)* (Any one of the o | documents | need to be | e provide | ed along w | ith the | identification | | |
| Passport | | | | | | ort Expi | ry Date | 1 | |
| Voter ID Card Driving License | | | | | PAN (| | e Expiry | CWEPP2910 | DE |
| NREGA JOB Card | | | | | Dilving | y Liceris | е шхрігу | / | |
| Others Na | me of the ID | | | | | | Please Refer | Sr. No. 2 of in: | structions. |
| | ng services under NPS will be and that Security and confide | Aadhaar based ne allied rules ar e maintained in | e-KYC service nd regulations i NPS till the tim | es of UIDAI) notified there ne the accou | in accordance v eunder. I unders nt is not inactiv | with the posterior stand that the stand that the stand the standard th | provisions of the Aad t the Aadhaar detai or the timeframe de | lhaar (Targeted L s (physical and / cided by PFRDA | Delivery of Financial and or digital, as the case the regulator of NPS, |
| As per the amendments made under have Aadhaar and / or PAN at pres | | | | | | | | | ınder NPS. If you do not |
| 3. PROOF OF ADDRESS (Po | A)* | Corre | espondenc | e Addre | ss | | | | |
| [Please tick (), as applicable #Not more than 3 months old. Please refer Sr. No. 2 of the i | | | Aadha 87519562 | | | | 8 | Aadhar 7519562230 | 5 |
| 4.1 CORRESPONDENCE AD | INRESS DETAIL S* | | | | | | | | |
| | Residential/Business | R | tesidential | | Business | | Registered | | Jnspecified |
| | GOPALPUR | | | | | | Landmark | | RONTOFAXISATM |
| Premises/Building/Village | GOPALPUR | | | | | | | | |
| | MAINROAD | | | | | | | | |
| | RANAPUR NAYAGARH | | | | | | PIN Code | 7520 | 125 |
| 1 | ODISHA | | | | | | FIN Code | 7520 | 125 |
| 4.2 PERMANENT ADDR | ESS DETAILS* 7 | Γick () in t | the box i | n case t | the addre | ess is | same as ab | ove. | / |
| Address Type* | Residential/Business | R | tesidential | / | Business | | Registered | | Jnspecified |
| Flat/Room/Door/Block no | GOPALPUR | | | | | | Landmark | INFF | RONTOFAXISATM |
| | GOPALPUR | | | | | | | | |
| | MAINROAD | | | | | | | | |
| • | RANAPUR NAYAGARH | | | | | | PIN Code | 753 | 2025 |

State/U.T.

ODISHA

| 5. CONTACT DI | ETAILS | | | | | | | | |
|--|--|--|--|--|--|--|--|--|---|
| Tel. (Off) (with | STD code) | +null | | | Tel. (| Res): (with STD code | e) | | |
| Mobile* (Mand | atory) | +91909062 | | | (Mob | oile Number is require | ed for communica | ation and to get SM | IS |
| Email ID | | saisikanpa | tra003@gmail.c | om | | | | | |
| 6. OTHER DET | AILS (Ple | ase refer to Sr no | o. 3 of the instr | uctions) | | | | | |
| Occupation Det | tails [pleas | e tick(√)] | | | | | | | |
| Private Sector | | Govt Sector | ✓ Public | Sector | Profes | ssional | | | |
| Self Employed | | Homemaker | Stude | | | (please specify) | | | |
| Income Range (p | er annum) | Upto 1 lac | 1 lac to 5 la | | 5 lac to 10 lac | √ 10 lac to | 25 lac | 25 lac and abo | ve |
| Educational Qual | - | Below SSC | SSC | HSC | Graduate | Masters | | sionals (CA, CS, C | |
| Please Tick If | | Politically expose | | | Related to Politic | | | e refer instruction r | |
| | | | <u>'</u> | | | , | | | |
| | | ETAILS* (Please | | . 4 of the | | | | | |
| · | | datory except MICR | • · • · · | | A/o | | | | |
| Account Type [| • | | _ | <u>/</u> | Current A/c | | | | |
| Bank A/c Numbe | r | 92301006371 | 4334 | | | | | | |
| Bank Name | | AXIS BANK | | | | | | | |
| Branch Address | | RANAPUR | · · · · · · · · · · · · · · · · · · | - · · · · · · · TU [| - VEAD DOL | IST OTH | | 7"10-4° 7E0 | |
| Branch Address | | | 79 244, NEW JA | (GANNA i m r | RD, NEAR POL | LICE STN | | PIN Code 752 | |
| Bank MICR Code | - | 752211509 | | | | | | IFS Code UTI | B0003474 |
| 8. SUBSCRIBE | RS NOMIN | IATION DETAILS | * (Please refer to S | Sr. No . 5 of the i | nstructions) | | | | |
| Name of the Non | ninee (Yo | u can nominate up to a | maximum of 3 nomin | nees and if you de | esire so please fill in | Annexure III (Additional | Nomination Form) | provided | |
| | First N | ame | | Midd | lle Name | | | Last Name | |
| | PUSPA | LATA | | | | | | PATRA | |
| Relationship with | the Nomine | e MOTHER | | | | Date of Birth (in ca | se of a | 14/01/1968 | |
| | | (in case of a minor) | | | | , , , , , , , , , , , , , , , , , , , | | 17/01/.022 | |
| 110 | First Na | , | | Mid | dle Name | | | Last Name | |
| | | | | | 310 | | | | |
| TO OPTION | AII 6 | | (Blasse tic | k (√) as applic | 11-1 | | | | |
| 9. NPS OPTION | | | (Ficase ac. | | | | | - | |
| | | ier II Account also | | YES | NO 🗸 | | submit details in | | |
| | | | | | | ire S10) to the assoc | iated Nodal Offic | e or to POP/POP-S | SP of your |
| choice. The list o | f POP/PUP- | SPs rendering service | ces under NPS an | d Annexure 5 | 0 is available on | CRA website) | | | |
| 1 | | | | | | | | | |
| I would like my P | RAN to be p | rinted in Hindi | | YES | NO 🗸 | If Yes, please | submit details o | on Annexure II. | |
| | | | D INIVESTMEN | | | | | | |
| 10. PENSION I | FUND (PF) | SELECTION AN | | T OPTION* | (Please refer | to Sr no. 6 of the | instructions) | | |
| 10. PENSION F | FUND (PF) | SELECTION AN | Please read be | T OPTION* | (Please refer | to Sr no. 6 of the | instructions) | | |
| 10. PENSION F (i) PENSION F 1. Government | FUND (PF) FUND SEL t Sector: | SELECTION AND ECTION (Tier I): For Government Subsc | Please read be | T OPTION* elow condition PFs act as defaul | (Please referons before op | to Sr no. 6 of the | instructions) | | |
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| 10. PENSION I 1. Government (a) LIC Pension 2. All Citizen M 3. Corporate 4. NPS Lite: Name of th LIC Pension Fu UTI Retirement ICICI Prudential Kotak Mahindra Reliance Capita HDFC Pension Birla Sunlife Pe * Selection of Per (ii) INVESTME (Please Tick (v) Active Choice Please note: 1. In case you seled 2. In case you do n 3. In case you have (LC 50). (iii) ASSET AL Asset Class Specify % (iv) Auto Choic choice of LC, y | FUND (PF) FUND SEL t Sector: n Fund Limited lodel: Sub: NPS ne Pension Fu Ind Limited unds Private L Solutions Lin I Pension Fun a Pension Fun a Pension Fun a Pension Management ension Management continuous Co | SELECTION ANI ECTION (Tier I): For Government Subsoc (b) SBI Pension Funds scribers under All Citizer scribers shall have the of the company Limited Ind Limited | Please read be ribers, the following F s Pvt. Limited (c) UTI n model has the optic option to choose the amodel where subscribers one) pany e and Auto Choice'. wing your invest one of your selection (iii) below relating only in case you are fully in case you as per LC 50. Note: 1. LC 2. LC 2. | T OPTION* Blow condition PFs act as default I Retirement Solution to choose the available PFs as per has a choice of the available of the a | (Please refer ons before op the Ps as per the guintions Ltd. available PFs as per per the below table of PF and investment asse Tick (v) / / / / / / / / / / / / / / / / / / | to Sr no. 6 of the ting for the choic delines issued by the Go or their choice in the table in consultation with their nt option as available with their nt option as available to Government Sector Available to Government Sector Asset Class E-Equity arrelated instruments; Asset Class A-Alternatif MBS, REITS, AIFs, Invited Choice' investments are Cap to Equity inv | instructions) instructions) in the powernment: in below. In respective Employed the Aggregator. In the Pension Fund th | ar. Available to All Citizen Model* The strict of the st | Corporate Model* Deer Auto Choice Dorate debt and I instruments; s like CMBS, |

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 or documents.

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.

| 12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) | (Please refer to Sr no. 8 of the instructions) |
|--|--|
| | Signature/Thumb Impression* of Subscriber in black (* LTI in case of male and RTI in case of |
| Place: | |
| Date: | |
| | |
| l re brokenier er mene) maneering. | |

| Particulars Country/countries of tax residency | | Country (1) | Country (2) | Country (3) |
|--|-----------------------|--------------------|-------------|-------------|
| | | INDIA | | |
| | Address Line 1 | GOPALPUR | | |
| | | GOPALPUR,MAINROAD, | | |
| | City/Town/Village | | | |
| Address in the jurisdiction for Tax Residence | | | | |
| Tax Nesidence | State | ODISHA | | |
| | ZIP/Post Code | 752025 | | |
| Tax Identification Number (TIN)/Functional equivalent Number | | CWEPP2910E | | |
| TIN/ Functional equivalent Number Issuing Country | | INDIA | | |
| Validity of documentary evidence provided | (Wherever applicable) | | | |

I certify that

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: 1/8/24 12:00 AM | |
|----------------------------|--|
| Place: MDRAFM, BHUBANESWAR | |
| | Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of |

| | Applicable to Government | | | | | | | |
|--|--|---|---|--|--|--|--|--|
| (Subscribers I | Employment Details to be filled and at | tested by the Deptt. (All Details are | | | | | | |
| Date of Joining: Employee Code/ID (If applicable) PPAN (If applicable) | 26/12/2023 150615 | Date of Retirement: 30/06/2057 Employee Code/ID and PPAN are optional. If you mention any one. | intend to provide, | | | | | |
| Group of Employee (Tick as Office Department Ministry DDO Registration Number DTO/PAO/CDDO/DTA/PrAO Reg. No Basic Pay | Group A Grou MDRAFM, BHUBANESWAR Finance Finance SGV097557F 4010075 56100 | p B Group C Group D _ | | | | | | |
| | | employed with us, including the address and employment details provide entries/entries have been read over to him/her by us and got confirmed by | | | | | | |
| | | | | | | | | |
| Signature of the Authorised person (In the box above) | Rubber Stamp of the DDO (In the box above) | DTO/PAO/CE | Stamp of the DDO/ DTA/PrAO DOX above) | | | | | |
| Designation of the Authorised Person | | Designation of the Authorised Person | | | | | | |
| Name of the DDO | | Name of DTO/PAO/CDDO/DTA/PrAO | | | | | | |
| Deptt/Minist Finance | | Date | | | | | | |
| 14. DECLARATION BY EMPLOYER/ | CORPORATE | | | | | | | |
| | Applicable to Corporate S | | | | | | | |
| (Subscribers | Employment Details to be filled and at | tested by Corporate (All Details are | | | | | | |
| Date of Joining: | | Date of Retirement: | | | | | | |
| 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 subscrit the service record of the employee maintained by | | employed with us, including the employment details p s read the entries / entries have been read over to him / her by us and got | | | | | | |
| Date: | | Place: | | | | | | |
| | | | | | | | | |
| Signature of the Authorised person (In the box above) | | | | | | | | |
| Cignature of the Administrate pore | on (In the box above) | | | | | | | |
| , | on (In the box above) | Pubbar Stamp of the Corporate (In the box | | | | | | |
| Designation of the Authorised Person | | Rubber Stamp of the Corporate (In the box | | | | | | |
| Designation of the Authorised Person | | Rubber Stamp of the Corporate (In the box | | | | | | |
| , | | | | | | | | |
| Designation of the Authorised Person 15. DECLARATION BY THE AGGREG Authorisation by Aggregator's office (Certified that the subscriber is registered with the subscriber is registered. | Applicable to NPS (NL - AO) the aggregator and he/she has opted to join NPS | | e declaration has been | | | | | |
| Designation of the Authorised Person 15. DECLARATION BY THE AGGREG Authorisation by Aggregator's office (Certified that the subscriber is registered with the subscriber is registered. | Applicable to NPS (NL - AO) the aggregator and he/she has opted to join NPS | Lite Subscribers S. I hereby declare that the subscriber is eligible to join NPS and the above | e declaration has been | | | | | |
| Designation of the Authorised Person 15. DECLARATION BY THE AGGREG Authorisation by Aggregator's office (Certified that the subscriber is registered with the subscriber is registered. | Applicable to NPS (NL - AO) the aggregator and he/she has opted to join NPs | Lite Subscribers S. I hereby declare that the subscriber is eligible to join NPS and the above | e declaration has been | | | | | |
| Designation of the Authorised Person 15. DECLARATION BY THE AGGREC Authorisation by Aggregator's office (Certified that the subscriber is registered with t signed /thumb impressed before me by | Applicable to NPS (NL - AO) the aggregator and he/she has opted to join NPs | S. I hereby declare that the subscriber is eligible to join NPS and the above e entries/ entries have been read over to her/him by me. | e declaration has been | | | | | |
| Designation of the Authorised Person 15. DECLARATION BY THE AGGREC Authorisation by Aggregator's office (Certified that the subscriber is registered with t signed /thumb impressed before me by | Applicable to NPS (NL - AO) the aggregator and he/she has opted to join NPS after (s)he has read the con (In the box above) | S. I hereby declare that the subscriber is eligible to join NPS and the above e entries/ entries have been read over to her/him by me. | e declaration has been | | | | | |
| Designation of the Authorised Person 15. DECLARATION BY THE AGGREC Authorisation by Aggregator's office (Certified that the subscriber is registered with t signed /thumb impressed before me by | Applicable to NPS (NL - AO) the aggregator and he/she has opted to join NP: | S. I hereby declare that the subscriber is eligible to join NPS and the above e entries/ entries have been read over to her/him by me. Rubber Stamp of the Aggregator (In the box above) | e declaration has been | | | | | |
| Designation of the Authorised Person 15. DECLARATION BY THE AGGREG Authorisation by Aggregator's office (Certified that the subscriber is registered with t signed /thumb impressed before me by | Applicable to NPS (NL - AO) the aggregator and he/she has opted to join NPS after (s)he has read the con (In the box above) stration Number r (if any) | S. I hereby declare that the subscriber is eligible to join NPS and the above e entries/ entries have been read over to her/him by me. Rubber Stamp of the Aggregator (In the box above) | e declaration has been | | | | | |

| | | | | | CSRI | | | | |
|-----|---|-----------------------------------|-----------|----------------------------|--|--|--|--|--|
| 16. | TO BE FILLED BY POP-SP | | | | | | | | |
| | Receipt No. (17 digits) | | | POP-SP Registration N | umber | | | | |
| | Document accepted for date of Birth | h Proof: | | | | | | | |
| | Copy of PAN card submitted | Yes No | | KYC Compliance | Yes No | | | | |
| | Documents Received: | (Originals Verified) S | elf | (Attested) True Copies | | | | | |
| | Documents Received: | Done | | | | | | | |
| | Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/Kum | | | | | | | | |
| | Existing Bank Customer: I/we hereby certify that Aadhaar Numentioned on the original Aadhaar | | | | .has been checked and the name and address | | | | |
| | | | | Name: | | | | | |
| | | | | Designation | Place | | | | |
| | POP-SP Seal | Signature of Authorized Signatory | / | Date | | | | | |
| | | [To be filled by CRA | - Facilit | ation Centre (CRA- | | | | | |
| R | eceived by | | | CRA-FC Registration Number | | | | | |
| R | eceived at | | | Date | | | | | |
| Α | cknowledgement Number (by CRA- | | | | | | | | |
| Ρ | RAN Alloted | | | | | | | | |
| | | ACKN | OWLED | GEMENT | | | | | |
| N | ame of the Subscriber: | | | | | | | | |
| С | ontribution Amount Remitted: | | | | | | | | |
| D | ate of Receipt of Application and Co | ontribution Amount: : | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | Stamp and Signature of the Employer/PoP: | | | | |
| | | | | | | | | | |

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM General

(a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
(b) In case, you mention the KYC number submission of proof for the same is necessary.
(c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back.
(d) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
(e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
(f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

| SI. No | Item | Item Details | Instructions | | | | | | |
|--------|--------------------------------|--|---|---|--|--|--|--|--|
| | | Personal Details | i. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. | | | | | | |
| | | Spouse Name | If ma | rried, spouse name is mandatory. | | | | | |
| 1 | 1 | Father's Name | i.Father's name is mandatory. ii.If father's name has more than 30 digits, you may fill Annexure II for the same. | | | | | | |
| | | Mother's Name | i.Mother's name is mandatory. ii.If Mother's name has more than 30 digits, you may fill Annexure II for the same. | | | | | | |
| | | Date of Birth | Pleas | e ensure that the date of birth matches as indicated in the documer | nt provid | ded in the | | | |
| | | | S.no | Proof of Identity (Copy of any | S.no | Proof of Address (Copy of any | | | |
| | | | 1 | Passport issued by Government of India. | 1 | Passport issued by Government of India. | | | |
| | | | 2 | Ration card with photograph. | 2 | Ration card with photograph and residential address | | | |
| | | | 3 | Bank Pass book or certificate with Photograph. | 3 | Bank Pass book or certificate with photograph and residential address | | | |
| | | | 4 | Certificate of the POP bank for an existing Bank | 4 | Certificate of the POP bank for an existing Bank | | | |
| | | | 5 | Voters Identity card with photograph and residential | 5 | Voters Identity card with photograph and residential address | | | |
| | | | 6 | Valid Driving license with photograph | 6 | Valid Driving license with photograph and residential address | | | |
| | | | 7 | Certificate of identity with photograph signed by a Member | 7 | Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc. | | | |
| _ | 2 2 8 4 | Identity Common and an ac | 8 | PAN Card issued by Income tax department | 8 | Certificate of address with photograph signed by a Member of Parliament or Member of Legislative | | | |
| 2 | 2, 3 & 4 | Identity, Correspondence & Permanent address details | 9 | Aadhar Card / letter issued by Unique Identification Authority of India | 9 | Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address | | | |
| | | | 10 | Job cards issued by NREGA duly signed by an officer of the State Government | 10 | Job cards issued by NREGA duly signed by an officer of the State Government | | | |
| | | | 11 | Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. | 11 | The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees. | | | |
| | | | 12 | Photo Identity Card issued by Defence, Paramilitary and Police departments. | 12 | Latest Electricity/water bill in the name of the Subscriber showing the address (less than 3 months | | | |
| | | | 13 | Ex-Service Man Card issued by Ministry of Defence to their employees. | 13 | Latest Telephone bill in the name of the Subscriber showing the address (less than 3 months old) | | | |
| | | | 14 | 14 Photo Credit card. | | Latest Property/house Tax receipt (not more than 1 | | | |
| | | | | | 15 | Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased | | | |
| | accepted as (ii) If the add | a valid proof of both identity a dress indicated on the docum | and addre ent subm e sent to | itted for identity proof differs from the current address mentioned in correspondence address. If correspondence & Permanent address | the acc are diff | count opening form, a separate proof of address should be erent, then proof for both have to be submitted. | | | |
| 3 | 6 | Politically Exposed | example | y Exposed Persons' (PEPs) are individuals who are or have been en the heads of state or of the government, senior politicians, senior government, senior politicians, senior government, senior politicians, important political party officials. | | | | | |
| 4 | 7 | Subscriber's Bank | Subscrib credit or | I & Tier II, bank details are mandatory and it should be supported but the Name, Bank Account Number and IFS Code) or Bank Certificate electronic transfer. In case if the cheque is not preprinted with naming Name, Bank Account Number and IFS code should be submitted. | e contai ne, addit | ning Name, Bank Account Number and IFS code, for direct | | | |
| 5 | 8 | Subscriber's Nomination Detail | in the no nominat | of more than one nominee, percentage share value for all the nomin mination(s). Sum of percentage share across all the nominees mus on will be rejected. | | | | | |
| 6 | 10 | Pension Fund (PF) Selection and Investment Option | Subscrib | e details on 'Investment Option', you may visit CRA website. hers from Government sector are currently not allowed to exercise t llt PFs as per the guidelines issued by the Government. | he inve | stment option. As mentioned, your contribution will be invested | | | |
| 7 | 11 | Declaration by | | e / Thumb impression should only be within the box provided in the FOP/POP-SP/Nodal office with the official seal and stamp. Left Thes. | | | | | |
| 8 | 12 | Declaration by subscriber on FATCA Compliance | Jurisd tax purp Tax id a high ir number number, If app Number In cas | licant residence for tax purpose in jurisdiction(s) within India, Perma | citizen, en issue nal equiversonal anent A | every US citizen of whatever nationality, is also a resident for an ed by the jurisdiction. However, if the said jurisdiction has issued valent"), the same may be reported. Examples of that type of identification/services code/number and resident registration account Number (PAN) to be provided as Tax Identification this US, document evidencing Relinquishment of Citizenship | | | |

General Information for

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- Subscribers are advised to retain the satisfactor instruction of the fact that designated nodal officer where they submit the application.
 c) For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in
Call: 022-4090 4242
Address: Central Recordkeeping Agency (CRA),NSDL e-Governance Infrastructure Limited
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,Lower Parel (W), Mumbai -400013

ADDITIONAL REQUEST

(required if name exceeds 30 characters and not able to be covered on page 1 of the application form)

| 2. Name of Mother | (required if name exceeds 30 characters and not able to | be covered on page 1 | of the application form) |
|--|---|--|--|
| First Name | | | |
| Middle | | | |
| Last Name | | | |
| 3. Request for Printing | g Permanent Retirement Account Number (PR | RAN) card in Hindi | (required only if applicant wants PRAN card in |
| Please provide the follo are provided in this anne | wing details in Devnagri script for printing the PRAN car exure will be displayed on the PRAN card. However, dat | rd in Hindi. Also, pleas te of birth will be printe | se note that the manner in which the names and in English only. All the given below fields are |
| | 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 |
| First Name | | | |
| Middle | | | |
| Last Name | | | |
| | | | |
| | | Name: | |
| | | Place: | |
| Signature/Thum | b Impression* of Subscriber in black | Date: | |
| (* LTI (Left Thumb Impression | on) in case of male and RTI (Right Thumb Impression) in case | e of female) | |

1. Name of Father

First Name Middle Last Name