

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) – NSDL e-Governance Infrastructure Limited

Affix recent colour photograph of 3.5 cm x 2.5 cm size / Passport size

Please select your category. [Please tick((✓))]	Central Govt. <input type="checkbox"/>	State Govt. <input checked="" type="checkbox"/>	NPS Lite (GDS) <input type="checkbox"/>
	All Citizen <input type="checkbox"/>	Corporate <input type="checkbox"/>	

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 with black ink pen. (Refer general guidelines at instructions page)
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS

KYC Number (if applicable)	<input type="text"/>	Generated from Central KYC Registry
Retirement Adviser Code (If applicable)	<input type="text"/>	

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full	Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input checked="" type="checkbox"/>
First Name*	ANSI
Middle name	KESHAR
Last Name	LAKRA
Father's Name* (Refer Sr. No. 1 of instruction)	Shri ANAND KUMAR LAKRA
Subscriber's Maiden Name (if any)	
Mother's Name	Smt ANNA BERNADETT EKKA
Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick ()]	<input type="checkbox"/>
Date of Birth*	26/09/1998
City of Birth*	SUNDARGARH
Gender* [Please tick ()]	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Nationality*	In-Indian <input checked="" type="checkbox"/>
Marital Status*	Married <input type="checkbox"/> Unmarried <input checked="" type="checkbox"/> Others <input type="checkbox"/>
Spouse's Name* (Refer Sr. No. 1 of instruction)	
Residential Status*	Indian

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification)

Passport	Passport Expiry Date	<input type="text"/>
Voter ID Card	PAN Card	BEFPL0776Q
Driving License	Driving License Expiry	<input type="text"/>
NREGA JOB Card		
Others	Name of the ID	Please Refer Sr. No. 2 of instructions.

UID(Aadhar)

☒ I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)***Correspondence Address**

[Please tick (), as applicable]
#Not more than 3 months old.
Please refer Sr. No. 2 of the instructions

Aadhar
818277031712

Aadhar
818277031712

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type*	Residential/Business <input type="checkbox"/>	Residential <input checked="" type="checkbox"/>	Business <input type="checkbox"/>	Registered <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no	CO ANAND KUMAR LAKRA				
Premises/Building/Village	TELIGHANA				
Road/Street/Lane					
Area/Locality/Taluk	BIRINGATOLI				
City/Town/District	SUNDARGARH				
State/U.T.	ODISHA				
	PIN Code				770018

4.2 PERMANENT ADDRESS DETAILS* Tick () in the box in case the address is same as above.

Address Type*	Residential/Business <input type="checkbox"/>	Residential <input checked="" type="checkbox"/>	Business <input type="checkbox"/>	Registered <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no	CO ANAND KUMAR LAKRA				
Premises/Building/Village	TELIGHANA				
Road/Street/Lane					
Area/Locality/Taluk	BIRINGATOLI				
City/Town/District	SUNDARGARH				
State/U.T.	ODISHA				
	PIN Code				770018

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5. CONTACT DETAILS

Tel. (Off) (with STD code) +null Tel. (Res): (with STD code)
 Mobile* (Mandatory) +916261340858 (Mobile Number is required for communication and to get SMS)
 Email ID ansianand26@gmail.com

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

Occupation Details [please tick(✓)]

Private Sector ☐ Govt Sector ☒ Public Sector ☐ Professional ☐
 Self Employed ☐ Homemaker ☐ Student ☐ Other (please specify)
 Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac and above ☐
 Educational Qualifications Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☒ Professionals (CA, CS, CMA, ☐
 Please Tick If Politically exposed person ☐ Related to Politically exposed ☐ (Please refer instruction no.3)

7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the

(All the bank details are mandatory except MICR Code.)

Account Type [please tick(✓)] Saving A/c ☒ Current A/c ☐
 Bank A/c Number 36013468435
 Bank Name STATE BANK OF INDIA
 Branch Name BIRINGATOLI
 Branch Address DIST,SUNDARGARH,ORISSA,770016 PIN Code 770016
 Bank MICR Code 770002507 IFS Code SBIN0006798

8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)

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)

First Name ANAND Middle Name KUMAR Last Name LAKRA
 Relationship with the Nominee FATHER Date of Birth (in case of a 09/09/1970
 Nominee's Guardian Details (in case of a minor)
 First Name Middle Name Last Name

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.
 (If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)
 I would like my PRAN to be printed in Hindi YES ☐ NO ☒ If Yes, please submit details on Annexure II.

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions)**(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice**

1. **Government Sector:** For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:
 (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.
 2. **All Citizen Model:** Subscribers under All Citizen model has the option to choose the available PFs as per their choice in the table below.
 3. **Corporate** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
 4. **NPS Lite:** NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

Name of the Pension Fund (Please select only one)	Please Tick (✓)	Availability of the Pension Funds			
LIC Pension Fund Limited	<input checked="" type="checkbox"/>	Available to Government Sector	Available to NPS Lite	Available to All Citizen Model*	Available to Corporate Model*
SBI Pension Funds Private Limited	<input checked="" type="checkbox"/>				
UTI Retirement Solutions Limited	<input checked="" type="checkbox"/>				
ICICI Prudential Pension Funds Management Company	<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 Sunlife Pension Management Limited	<input type="checkbox"/>				

* Selection of Pension Fund is mandatory both in Active and Auto Choice*.

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice ☐ Auto Choice ☒

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 (LC 50).

(iii) ASSET ALLOCATION (to be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	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, Invts etc.
Specify %						

(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)	Please Tick () Only	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 75	<input type="checkbox"/>	
LC 50	<input type="checkbox"/>	
LC 25	<input type="checkbox"/>	

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.

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/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 black
(* LTI in case of male and RTI in case of

12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act)

(Please refer to Sr no. 8 of the instructions)

Section I*

US Person*

Yes ☐

No ☒

Section II*

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

I certify that

- 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,
- 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.
- 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.
- 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,
- 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.
- 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
- 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.
- 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

13. DECLARATION BY EMPLOYER

Applicable to Government Subscribers

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are

Date of Joining:

23/12/2021

Date of Retirement:

30/09/2058

Employee Code/ID (If applicable)

88574

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

PPAN (If applicable)

Group of Employee (Tick as Office)

Group A

☐

Group B

☒

Group C

☐

Group D

☐

Department

COLLECTORATE CUTTACK

Ministry

Revenue and Disaster Management

DDO Registration Number

SGV095222B

DTO/PAO/CDDO/DTA/PrAO Reg. No

4010226

Basic Pay

25300

Pay Scale

9300-34800

It is certified that the details provided in this subscriber registration form by ANSI KESHAR LAKRA employed with us, including the address and 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 entries/entries have been read over to him/her 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

Designation of the Authorised Person

Name of the DDO

Name of DTO/PAO/CDDO/DTA/PrAO

Deptt/Minist Revenue and Disaster Management

Date

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are

Date of Joining:

Date of Retirement:

Employee Code/ID (If applicable)

Corporate Regd. Number (CHO No.) Allotted 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.

Date:

Place:

Signature of the Authorised person (In the box above)

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box

15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite Subscribers

Authorisation by Aggregator's office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me byafter (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)

Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator

NPS Lite Account Office (NL-AO) Registration Number

NPS Lite - Collection Centre (NL - CC) Registration

Membership No. allotted by Aggregator (if any)

Place:

Date:

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16. TO BE FILLED BY POP-SP

Receipt No. (17 digits)

POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted

Yes ☐ No ☐

KYC Compliance

Yes ☐ No ☐

Documents Received:

(Originals Verified) Self

(Attested) True Copies

Documents Received:

Done ☐

Existing Bank Customer:

I/we hereby certify/confirm that Shri/Smt/Kumis 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 Sh/Smt/Kumis not a 'Basic Savings Bank Deposit Account'

Existing Bank Customer:

I/we hereby certify that Aadhaar Numberof 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.

		Name:
		DesignationPlace
POP-SP Seal	Signature of Authorized Signatory	Date

[To be filled by CRA - Facilitation Centre (CRA-

Received by

CRA-FC Registration Number

Received at

Date

Acknowledgement Number (by CRA-

PRAN Alloted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted:

Date of Receipt of Application and Contribution Amount: :

Stamp and Signature of the Employer/PoP: