

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*	SOUMYA
Middle name	SUDIPTA
Last Name	SWAIN
Father's Name* (Refer Sr. No. 1 of instruction)	Shri BIJAYA KUMAR SWAIN
Subscriber's Maiden Name (if any)	
Mother's Name	Smt SUBHASHMITA SWAIN
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*	02/08/1996
City of Birth*	CHOUDWAR
Gender* [Please tick ()]	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Others <input 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)	NA
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	RZIPS5744F
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 326865832889	Voter Id YVY0919142
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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	QR NO.-3R/36,ARC	Landmark
Premises/Building/Village	CHARBATIA	
Road/Street/Lane	CHARBATIA	
Area/Locality/Taluk	CHOUDWAR	
City/Town/District	CUTTACK	PIN Code 754028
State/U.T.	ODISHA	

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	BRAHMANA SAHI	Landmark
Premises/Building/Village	CHOUDWAR	
Road/Street/Lane		
Area/Locality/Taluk	CHOUDWAR	
City/Town/District	CUTTACK	PIN Code 754025
State/U.T.	ODISHA	

Generated by iFMS-Odisha

5. CONTACT DETAILS

Tel. (Off) (with STD code) +null Tel. (Res): (with STD code)
 Mobile* (Mandatory) +918658174407 (Mobile Number is required for communication and to get SMS)
 Email ID soumyasudipta96@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 32834407668
 Bank Name STATE BANK OF INDIA
 Branch Name CHARBATIA
 Branch Address AVIATION RESEARCH CENTRE, CHARBATIA, DISTT. CUTTACK, ORISSA 754028 PIN Code 754028
 Bank MICR Code 753002025 IFS Code SBIN0002040

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 Middle Name Last Name
 BIJAYA KUMAR SWAIN

Relationship with the Nominee DAUGHTER Date of Birth (in case of a 15/02/1964

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, Invits 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	QR NO.-3R/36,ARC		
	City/Town/Village	CHARBATIA,CHARBATIA,		
	State	ODISHA		
	ZIP/Post Code	754028		
Tax Identification Number (TIN)/Functional equivalent Number		RZIPS5744F		
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: 1/8/24 12:00 AM

Place: MDRAFM

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:

26/12/2023

Date of Retirement:

31/08/2056

Employee Code/ID (If applicable)

150650

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

MDRAFM

Ministry

Finance

DDO Registration Number

SGV097557F

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

4010075

Basic Pay

56100

Pay Scale

56100-177500

It is certified that the details provided in this subscriber registration form by SOUMYA SUDIPTA SWAIN 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

Name of the DDO

Deptt/Minist Finance

Designation of the Authorised Person

Name of DTO/PAO/CDDO/DTA/PrAO

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

Membership No. allotted by Aggregator (if any)

Place:

NPS Lite - Collection Centre (NL - CC) Registration

Date:

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:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

CSRF

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.

Sl. No	Item	Item Details	Instructions																																																																
1	1	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 married, spouse name is mandatory.																																																																
		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	Please ensure that the date of birth matches as indicated in the document provided in the																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.no</th><th>Proof of Identity (Copy of any</th><th>S.no</th><th>Proof of Address (Copy of any</th></tr> </thead> <tbody> <tr> <td>1</td><td>Passport issued by Government of India.</td><td>1</td><td>Passport issued by Government of India.</td></tr> <tr> <td>2</td><td>Ration card with photograph.</td><td>2</td><td>Ration card with photograph and residential address</td></tr> <tr> <td>3</td><td>Bank Pass book or certificate with Photograph.</td><td>3</td><td>Bank Pass book or certificate with photograph and residential address</td></tr> <tr> <td>4</td><td>Certificate of the POP bank for an existing Bank</td><td>4</td><td>Certificate of the POP bank for an existing Bank</td></tr> <tr> <td>5</td><td>Voters Identity card with photograph and residential</td><td>5</td><td>Voters Identity card with photograph and residential address</td></tr> <tr> <td>6</td><td>Valid Driving license with photograph</td><td>6</td><td>Valid Driving license with photograph and residential address</td></tr> <tr> <td>7</td><td>Certificate of identity with photograph signed by a Member</td><td>7</td><td>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.</td></tr> <tr> <td>8</td><td>PAN Card issued by Income tax department</td><td>8</td><td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative</td></tr> <tr> <td>9</td><td>Aadhar Card / letter issued by Unique Identification Authority of India</td><td>9</td><td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td></tr> <tr> <td>10</td><td>Job cards issued by NREGA duly signed by an officer of the State Government</td><td>10</td><td>Job cards issued by NREGA duly signed by an officer of the State 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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.	8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative	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, statutory/ Regulatory Authorities, Public Sector Undertakings, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar 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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	Photo Credit card.	14	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																																																																
Note. (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.																																																																			
3	6	Politically Exposed	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of stateowned corporations, important political party officials.																																																																
4	7	Subscriber's Bank	For Tier I & Tier II, bank details are mandatory and it should be supported by cancelled cheque. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.																																																																
5	8	Subscriber's Nomination Detail	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	10	Pension Fund (PF) Selection and Investment Option	For more details on 'Investment Option', you may visit CRA website. Subscribers from Government sector are currently not allowed to exercise the investment option. As mentioned, your contribution will be invested by default PFs as per the guidelines issued by the Government.																																																																
7	11	Declaration by	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																
8	12	Declaration by subscriber on FATCA Compliance	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) If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) 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 																																																																

General Information for

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the 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

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

First Name
Middle
Last Name

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 Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed 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/Thumb Impression* of Subscriber in black	Date:

(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

