Online Application 20235969295 **CSRF** 

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

Central Record	keeping Agency	(CRA) – N	SDL e-Gove	rnance Infra	structure Limi	ted	Affix recent colour photograph of
Please select your	Central Govt.		State Govt.	<b>/</b>			3.5 cm × 2.5 cm size / Passport size
category. [Please tick((√))]	All Citizen		Corporate		NPS Lite (GDS)		
To,			<u> </u>				
National Pension System Trust.							
Dear Sir/Madam, I hereby request that an NPS acc	ount be opened in my par	ne as ner the n	articulars given he	Flow.			
* indicates mandatory fields. Plea					ral guidelines at instruc	tions page)	
KYC Number, Retirement Advise	er Code and Spouse Name	e fields are not	applicable for Gov	vernment & NPS			
KYC Number (if applicable)				Genera	ated from Central KYC	Registry	
Retirement Adviser Code (If applicable)							
1. PERSONAL DETAILS: (	(Please refer to Sr. No	o.1 of the ins	tructions)				
Name of Applicant in full First Name*	Shri	Sm	t.	Kumari	1		
Middle name	POORN	IIVIA					
Last Name	PRIYAD	ARSHINI					
Father's Name* (Refer Sr. No. 1 of instruction		BINDA KH	ATUA				
Subscriber's Maiden Name (if							
Mother's Name	Smt MAN	ИАТА КНАТ	<sup>-</sup> UA				
Father's name will be prin Date of Birth*	ted on PRAN card. In ca 11/01/199		name to be pri	nted instead of f	ather's name [ Pleas	se tick () ]	
City of Birth*	CUTTACK						
Gender* [ Please tick () ]	Male	Fe	emale 🗸	Others	Natio	onality*	In-Indian 🗸
Marital Status*	Married	Uı	nmarried	Others			
Spouse's Name* (Refer Sr. No. 1 of instruction	NA )						
Residential Status*	, Indian						
2. PROOF OF IDENTITY (P	ol)* (Any one of the d	ocuments n	eed to be provi	ided along with	the identification		
Passport	., ( )				Expiry Date		
Voter ID Card				PAN Car	' '	GWCPP5858	
Driving License				Driving Li	cense Expiry	1	1
NREGA JOB Card Others Na	ame of the ID				Please Refer	Sr. No. 2 of inst	ructions.
UID(Aadhar)							
I hereby authorize CRA re	egistered with Pension Fund R						
other Subsidies, Benefits a	dhaar Authentication system (A nd Services) Act, 2016 and the ing services under NPS will be	allied rules and	regulations notified th	nereunder. I understar	nd that the Aadhaar details	(physical and / or	digital, as the case
	tand that Security and confide						
As per the amendments made und have Aadhaar and / or PAN at pre							der NPS. If you do not
3. PROOF OF ADDRESS (P	oA)*	Corres	pondence Add	ress			
[ Please tick (), as applicable #Not more than 3 months old			Aadhar			Aadhar	
Please refer Sr. No. 2 of the		5	30383325313		50	30383325313	
4.1 CORRESPONDENCE AI							
Address Type* Flat/Room/Door/Block no	Residential/Business QR NO-D8/4	✓ Res	sidential	Business	Registered Landmark	Ur	nspecified
Premises/Building/Village	NAYAPALLI				Landinark		
Road/Street/Lane							
Area/Locality/Taluk	NAYAPALLI				DIN O. I	75404	0
City/Town/District State/U.T.	BHUBANESWAR ODISHA				PIN Code	75101	2
4.2 PERMANENT ADDR	RESS DETAILS* T	ick () in th	e box in cas	e the address	s is same as abo	ove.	✓
Address Type*	Residential/Business	✓ Res	sidential	Business	Registered	Ur	nspecified
Flat/Room/Door/Block no	QR NO-D8/4			L	Landmark		
Premises/Building/Village	NAYAPALLI						
Road/Street/Lane Area/Locality/Taluk	NAYAPALLI						
City/Town/District	BHUBANESWAR				PIN Code	7510	)12

State/U.T.

ODISHA

5. CONTACT DETAILS								
Tel. (Off) (with STD code)	+null			 Tel. (	Res): (with STD code)			
Mobile* (Mandatory)	+919348802256			(Moh	oile Number is required	for communica	ation and to get SM	IS
Email ID	poornimapriyada	arshini863	@gmail.com					
6. OTHER DETAILS ( Pleas	se refer to Sr no. 3 o	f the instr	uctions)					
Occupation Details [ please	tick(√) ]							
Private Sector	Govt Sector	√ Public	c Sector	Profe:	ssional			
Self Employed	Homemaker	Stude			(please specify)			
Income Range (per annum)	Upto 1 lac	1 lac to 5 la		5 lac to 10 lac	10 lac to 25	lac I	25 lac and abo	IVA
Educational Qualifications	Below SSC	SSC	HSC	Graduate			sionals ( CA, CS, (	. –
Please Tick If	Politically exposed pers			Related to Politic			e refer instruction r	
Please flox ii	Pullically exposed per	5011		Related to a ontic	cally exposed	(1 1000	e leiei iiisiiuoiio	10.3
7. SUBSCRIBER BANK DE	TAILS* ( Please refe	r to Sr no.	. 4 of the					
(All the bank details are manda	tory except MICR Code.	.)						
Account Type [ please tick()	• •	· • ·   —	/ (	Current A/c				
Bank A/c Number	38811144383	_						
Bank Name	STATE BANK OF I	INDIA						
Branch Name	SECRETARIATE B		RHUBANESV	VAR				
Branch Address					URDA, ORISSA 7510	001	PIN Code 751	001
Bank MICR Code	751002033	,	02,	.,	one, , c		_	N0010236
8. SUBSCRIBERS NOMINA								
	can nominate up to a maxim	um of 3 nomin	•	•	Annexure III (Additional No			
First Nan	ne		Midd	le Name		!	Last Name	
MAMAT	ГА						KHATUA	
Relationship with the Nominee	MOTHER				Date of Birth (in case	of a	03/06/1977	
Nominee's Guardian Details (in	=							
First Name	,		Mida	dle Name		1	Last Name	
COTION DETAIL O		(Diseas tiel	· // ac annlie	1-1-1				
9. NPS OPTION DETAILS		(Please tici	k (√) as applic	abie)				
I would like to subscribe for Tier	r II Account also		YES	NO 🗸	If yes, please sub	omit details in	Annexure I.	
(If you wish to activate Tier II a	account subsequently, yo							P of your
						ed Nodal Office	e or to POP/POP-S	or or your
choice. The list of POP/POP-SF						ed Nodal Office	e or to POP/POP-S	or or your
	Ps rendering services un							or or your
choice. The list of POP/POP-SF I would like my PRAN to be prin	Ps rendering services un	nder NPS and	YES	0 is available on	CRA website)  If Yes, please sul	bmit details o	n Annexure II.	or of your
choice. The list of POP/POP-SF	Ps rendering services un	nder NPS and	YES	0 is available on	CRA website)  If Yes, please sul	bmit details o	n Annexure II.	or or your
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#### 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:		
		٦

Particular	s	Country (1)	Country (2)	Country (3)
Country/countries of tax residency		INDIA		
	Address Line 1	QR NO-D8/4		
Address in the jurisdiction for Tax Residence	City/Town/Village	NAYAPALLI,null,		
	State	ODISHA		
	ZIP/Post Code	751012		
Tax Identification Number (TIN)/Functional equivalent Number		GWCPP5858P		
TIN/ Functional equivalent Number Issuing Country		INDIA		
/alidity of documentary evidence provide	d (Wherever applicable)			

## I certify that

Section I\*
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: 8/10/23 12:00 AM	
Place: D.S.S.O KEONJHAR	
	Signature/Thumb Impression* of Subscriber in black ink

(\* LTI in case of male and RTI in case of

13. DECLARATION BY EMPLOYER							
(Subscribers	Applicable to Government Employment Details to be filled and at						
·			//04/20E0				
Date of Joining: Employee Code/ID (If applicable)	27/06/2023 143527		/01/2058 are optional. If you intend to provide,				
PPAN (If applicable)		mention any one.					
Group of Employee (Tick as Office	Group A Group D.S.S.O KEONJHAR	p B 🗸 Group C	Group D				
Department	Social Security & Empowerment of Pe	ersons with Disability					
Ministry	Social Security & Empowerment of Pe	ersons with Disability					
DDO Registration Number DTO/PAO/CDDO/DTA/PrAO Reg. No	SGV209239G 4010296						
Basic Pay	35400						
Pay Scale	35400-112400						
		ADARSHINI employed with us, including the addres e has read entries/entries have been read over to hi					
Signature of the Authorised person	Rubber Stamp of the DDO	Signature of the Authorised person	Rubber Stamp of the				
(In the box above)	(In the box above)		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 Social Security & Empov	verment of Persons with Disability	Date					
14. DECLARATION BY EMPLOYER/ (	CORPORATE						
	Applicable to Corporate S	ubscribers only					
(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 subscril the service record of the employee maintained by		employed with us, including the read the entries / entries have been read over to hi	employment details provided above are as per m / her by us and got confirmed by him / her.				
Date:		Place:					
Signature of the Authorised pers	on (In the box above)						
Designation of the Authorised Person		Rubber Stamp of the Corpora	te (In the box				
15. DECLARATION BY THE AGGRE	GATOR						
	Applicable to NPS	Lite Subscribers					
Authorisation by Aggregator's office	(NL - AO)						
		<ol> <li>I hereby declare that the subscriber is eligible to joe entries/ entries have been read over to her/him by</li> </ol>					
signed /thumb impressed before me by							
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) Regi	stration Number	NPS Lite - Collection Centre (NL - CC) Regis	tration				
Membership No. allotted by Aggregator (if any)							
Place: Date:							

					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			
	account no	at	bra	nch and KYC norms required for ope	of the Bank having fully operative Saving Bank ning Bank Account which match the requirements foris not a 'Basic Savings Bank Deposit
	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 married, 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		ner's name is mandatory. other's name has more than 30 digits, you may fill Annexure II for th	ne same	ò.		
		Date of Birth	Pleas	Please ensure that the date of birth matches as indicated in the document provided 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	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		
	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	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	Jurisd tax purp     Tax id a high ir number number,     If app Number     In cas	of females.  Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India  Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.  Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration				

## **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