Online Application 20236442049

CSRF

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

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|--|------------------------------|------------------|----------------------------|-------------------------|---------------------------------|--|
| Please select your | Central Govt. | | State Govt. | 1 | | size / Passport size |
| category. [Please tick((√))] | All Citizen | | Corporate | | NPS Lite (GDS) | |
| - 11 77- | | | | | (, | |
| To, | | | | | | |
| National Pension System Trust. Dear Sir/Madam, | | | | | | |
| I hereby request that an NPS according | unt be opened in my nam | ne as per the | particulars given bel | ow: | | |
| * indicates mandatory fields. Pleas | | · · | · | | al quidelines at instruction | ns page) |
| KYC Number, Retirement Adviser | | | | | ar garaonnos at motivotion | 10 page) |
| KYC Number (if applicable) | | | | Genera | ated from Central KYC Re | egistry |
| Retirement Adviser Code | | | | | | |
| (If applicable) | | | | | | |
| | | | | | | |
| 1. PERSONAL DETAILS: (F | lease refer to Sr. No | .1 of the ir | nstructions) | | | |
| Name of Applicant in full | | ∕ S | mt. | Kumari | | |
| First Name* Middle name | BIKASH | | | | | |
| Last Name | CHOWD | HIIRV | | | | |
| Father's Name* | | _ | JMAR CHOWDHUI | RY | | |
| (Refer Sr. No. 1 of instruction) | Simil to t | 0, 11 1, 1, 1, 1 | | | | |
| Subscriber's Maiden Name (if a | any) | | | | | |
| Mother's Name | Smt LALI | TA MANJA | IRI DAN | | | |
| Father's name will be printe | ed on PRAN card. In ca | ise, mothei | r's name to be prin | ted instead of f | ather's name [Please t | ick ()] |
| Date of Birth* | 30/04/1989 |) | | | | |
| City of Birth* | Baripada | | FI- | Oth | Notice - | lite at land land |
| Gender* [Please tick ()] | Male | | Female | Others | Nationa | lity* In-Indian |
| Marital Status* | Married | 1 | Unmarried | Others | | |
| Spouse's Name* (Refer Sr. No. 1 of instruction) | NIBEDITA | | | | | |
| Residential Status* | Indian | | | | | |
| | | | 1, 1 | | 41 11 40 4 | |
| 2. PROOF OF IDENTITY (Po | i)" (Any one of the de | ocuments | need to be provid | ied along with | the identification | |
| Passport | | | | • | Expiry Date | |
| Voter ID Card | | | | PAN Car | 7 11 | WPC0685E |
| Driving License NREGA JOB Card | | | | Driving Li | cense Expiry | |
| | ne of the ID | | | | Please Refer Sr. | No. 2 of instructions. |
| UID(Aadhar) | | | | | | |
| l I—` ' | istered with Pension Fund Re | gulatory and L | Development Authority (F | PFRDA) to use my Aa | adhaar details for National Per | nsion System (NPS) and authenticate |
| my identity through the Aadh | aar Authentication system (A | adhaar based | e-KYC services of UIDA |) in accordance with | the provisions of the Aadhaar | r (Targeted Delivery of Financial and nysical and / or digital, as the case |
| maybe) submitted for availing | g services under NPS will be | maintained in | NPS till the time the acco | unt is not inactive in | NPS or the timeframe decide | d by PFRDA, the regulator of NPS, is ensured by CRA registered with |
| PFRDA till such time it is acti | | maily or perso | narideniity data provided | i, for the purpose of i | Aadiiaai based addieiidcadoii | is ensured by CNA registered with |
| As nor the amendments made unde | r Prevention of Money-Laund | lerina (Mainter | nance of Records) Secon | d Amendment Pules | 2017 Aadhaar and PAN are | mandatory under NPS. If you do not |
| have Aadhaar and / or PAN at prese | | | | | | |
| 3. PROOF OF ADDRESS (Po | Δ)* | Corre | espondence Addr | ess | | |
| | | | oponidonoo / taai | | 1 C | |
| [Please tick (), as applicable] #Not more than 3 months old. | | | Aadhar | | | Aadhar |
| Please refer Sr. No. 2 of the in | nstructions | | 832638758075 | | | 38758075 |
| | | | | | | |
| 4.1 CORRESPONDENCE AD | DRESS DETAILS* | | | | | |
| | Residential/Business | R | esidential / | Business | Registered | Unspecified |
| | PODA ASTIA | | | | Landmark | |
| Premises/Building/Village F | PODA ASTIA | | | | | |
| Road/Street/Lane | | | | | | |
| 7 | SHYAMAKHUNTA | | | | | |
| | MAYURBHANJ | | | | PIN Code | 757049 |
| State/U.T. | DDISHA | | | | | |
| 4.2 PERMANENT ADDRE | SS DETAILS* Ti | ick () in t | the box in case | the address | s is same as above | e. 🗸 |
| Address Type* | Residential/Business | R | esidential 🗸 | Business | Registered | Unspecified |
| | PODA ASTIA | | | L | Landmark | |
| Premises/Building/Village F | PODA ASTIA | | | | | |
| Road/Street/Lane | | | | | | |
| 1 | SHYAMAKHUNTA | | | | | |
| City/Town/District | MAYURBHANJ | | | | PIN Code | 757049 |

State/U.T.

ODISHA

| 5. CONTACT D | DETAILS | | | | | | | | |
|---|---|--|--|--|--|--|---|--|---|
| Tel. (Off) (with | h STD code) | +null | | | , | Res): (with STD cod | , | | |
| Mobile* (Man | datory) | +91819772 | | | (Mob | oile Number is requir | ed for communication | ation and to get SM | IS |
| Email ID | | | 3@gmail.com | | | <u> </u> | | | |
| 6. OTHER DE | TAILS (Ple | ase refer to Sr no | o. 3 of the in | structions) | | | | | |
| Occupation De | etails [pleas | se tick(√)] | | | | | | | |
| Private Sector | | Govt Sector | ✓ Pu | ıblic Sector | Profes | ssional | | | |
| Self Employed | | Homemaker | | udent | | (please specify) | | | |
| Income Range (| (ner annum) | Upto 1 lac | 1 lac to s | | 5 lac to 10 lac | ✓ 10 lac to | 25 lac | 25 lac and abo | 11/6 |
| Educational Qua | | Below SSC | SSC | HSC | Graduate | ✓ Masters | | ssionals (CA, CS, C | |
| Please Tick If | alliloans | Politically expose | | | Related to Politic | | <u> </u> | e refer instruction n | |
| | | | | | | | | | —————————————————————————————————————— |
| 7. SUBSCRIB | ER BANK D | ETAILS* (Please | refer to Sr | no. 4 of the | | | | | |
| 1 ' | | datory except MICR | , | - | | | | | |
| Account Type | - • | | Saving A/c | / | Current A/c | | | | |
| Bank A/c Numb | er | 30260071027 | | | | _ | | | |
| Bank Name | | STATE BANK | OF INDIA | | | | | | |
| Branch Name | | BARIPADA | | | | | | | |
| Branch Address | | COLLEGE RD |)., BARIPAD | A, MAYURBHAN | NJ-757001 | | | PIN Code 757 | |
| Bank MICR Cod | de | 757002002 | | | | | | IFS Code SBI | IN0000027 |
| o CURSCRIBI | TDS NOMIN | NATION DETAILS | * (Dlease refer | to Sr. No. 5 of the ir | entructions) | | | | |
| | | ou can nominate up to a | | | | ^ · · · · · · · · · · · · · · · · · · · | · **ination Form) | الموادد | |
| Name of the No | | • | maximum or 5 no | , | • | Annexure III (Auditionic | , | • | |
| | First N | | | Miuui | le Name | | | Last Name | |
| | NIBE | | | | | | | SAHU | |
| Relationship wit | | | | | | Date of Birth (in ca | ase of a | 19/06/1990 | |
| Nominee's Guar | | (in case of a minor) | | | | | | | |
| | First Na | ime | | Mido | dle Name | | | Last Name | |
| | | | | | | | <u></u> | | |
| 9. NPS OPTIOI | N DETAILS | | (Please | tick (√) as applic | able) | | | | |
| | - | ier II Account also | | YES T | 1 | Trues nlease | submit details in | Annovuro I. | |
| | | ier II Account also I account subsequen | " may si | | | | | | |
| | | i account subsequen -SPs rendering servic | | | | | Jateu Nouai O | e or to ror /1 0. 0 | SP 01 your |
| 01.0.2. | | · · | ,00 u | | | _ | | | |
| I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II. | | | | | | | | | |
| | · | | ~ INVESTME | | | | | | |
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| 10. PENSION 1. Governmer (a) LIC Pensic 2. All Citizen 3. Corporate 4. NPS Lite: Name of t LIC Pension F UTI Retiremen ICICI Prudenti. Kotak Mahindi Reliance Capit HDFC Pensior Birla Sunlife P * Selection of P (ii) INVESTMI (Please Tick (Active Choice Please note: 1. In case you do 3. In case you hav (LC 50). (iii) ASSET A | FUND (PF) FUND SEL nt Sector: on Fund Limited Model: Sub NPS the Pension Fur Fund Limited Funds Private L nt Solutions Lir ial Pension Fur ital Pension Fur ital Pension Fur on Management Pension Manage Pension Fund is ENT OPTIO (v) in the bo lect Active Choic not indicate any ve opted for Aut LLOCATIO E (Cannot | SELECTION ANI For Government Subsc. I (b) SBI Pension Funds scribers under All Citizers shall have the control of the control | Please read Pribers, the following S Pvt. Limited (c) on model has the coption to choose to model where subservines one) pany e and Auto Choice wing your invoice ow and if you selent funds will be invotion (iii) below relation (iii) below relations only in case G (Max up to | ENT OPTION* (I below condition of the c | (Please refer on before op the property of th | to Sr no. 6 of the ting for the choice delines issued by the General their choice in the table in consultation with thein toption as available with thein toption as available with thein toption as available to Government Sector sector cation instructions will be a sector instruction in the sector instruction in the sector instruction in the sector instruction in the sector in the sector instruction in the sector in the sector | e instructions) ce iovernment: le below. ir respective Employe ith Aggregator. of the Pension Fun Available to NPS Lite e ignored and investr stment option) ind related instrumen seet class G-Govern ive Investment Fund | Available to All Citizen Model* | Corporate Model* per Auto Choice coorate debt and disstruments; |
| 10. PENSION 1. Governmer (a) LIC Pensic 2. All Citizen 3. Corporate 4. NPS Lite: Name of t LIC Pension F UTI Retiremen ICICI Prudentii Kotak Mahindi Reliance Capit HDFC Pensior Birla Sunlife P * Selection of P (ii) INVESTMI (Please Tick (Active Choice Please note: 1. In case you sel 2. In case you do 3. In case you hav (LC 50). (iii) ASSET A Asset Class Specify % (iv) Auto Choi | FUND (PF) FUND SEL int Sector: on Fund Limited Model: Sub Sub NPS the Pension Fur Fund Limited Funds Private L int Solutions Lir ial Pension Fur ital Pension Fur ital Pension Fund in Management Pension Manage Pension Fund is ENT OPTIO (V) in the bo | SELECTION ANI For Government Subsc. I (b) SBI Pension Funds scribers under All Citizers shall have the control of the control | Please read Pribers, the following Pvt. Limited (c) on model has the coption to choose to model where substance of one) pany e and Auto Choice wing your invoice only in case G (Max up to 100%) | ENT OPTION* (I below condition in present solution to choose the atthe available PFs as pscriber has a choice of | (Please refer on the property of the property | to Sr no. 6 of the ting for the choic delines issued by the G or their choice in the tabl in consultation with thei nt option as available wi Availability Available to Government Sector seation instructions will be tive Choice' inves Asset class E-Equity a related instruments; As Asset Class A-Alternat MBS, REITS, AIFs, Inv | e instructions) ce covernment: de below. ir respective Employe ith Aggregator. of the Pension Fun Available to NPS Lite e ignored and investr stment option) and related instrumen set class G-Govern ive Investment Fund vits etc. | er. Available to All Citizen Model* ment will be made as parts; Asset class C-Corplent Bonds and related is including instruments. | corporate Model* per Auto Choice corate debt and distruments; is like CMBS, |
| 10. PENSION 1. Governmer (a) LIC Pensic 2. All Citizen 3. Corporate 4. NPS Lite: Name of t LIC Pension F UTI Retiremen ICICI Prudentii Kotak Mahindi Reliance Capit HDFC Pensior Birla Sunlife P * Selection of P (ii) INVESTMI (Please Tick (Active Choice Please note: 1. In case you sel 2. In case you do 3. In case you hav (LC 50). (iii) ASSET A Asset Class Specify % (iv) Auto Choi | FUND SEL nt Sector: on Fund Limited Model: Sub NPS the Pension Fur Fund Limited Funds Private L nt Solutions Lir ial Pension Fur ital Pension Fur ital Pension Fur ital Pension Fund is ENT OPTIO (V) in the bo lect Active Choic not indicate any ve opted for Aut LLOCATIO E (Cannot exceed 50% | SELECTION ANI For Government Subsoc I (b) SBI Pension Funds scribers under All Citizer scribers shall have the of I (c) Lite is a group choice r and (Please select only Limited Inited Inite | Please read cribers, the followins Pvt. Limited (c) in model has the coption to choose to model where subservene. Pany | ENT OPTION* (I below condition in present solution to choose the atthe available PFs as pscriber has a choice of | (Please refer on the property of the property | to Sr no. 6 of the ting for the choic delines issued by the G or their choice in the tabl in consultation with thei nt option as available wi Availability Available to Government Sector seation instructions will be tive Choice' inves Asset class E-Equity a related instruments; As Asset Class A-Alternat MBS, REITS, AIFs, Inv | e instructions) ce covernment: de below. ir respective Employe ith Aggregator. of the Pension Fun Available to NPS Lite e ignored and investr stment option) and related instrumen set class G-Govern ive Investment Fund vits etc. | er. Available to All Citizen Model* ment will be made as parts; Asset class C-Corplent Bonds and related is including instruments. | corporate Model* per Auto Choice corate debt and distruments; is like CMBS, |
| 10. PENSION 1. Governmer (a) LIC Pensic 2. All Citizen 3. Corporate 4. NPS Lite: Name of t LIC Pension F UTI Retiremen ICICI Prudenti Kotak Mahindi Reliance Capit HDFC Pension Birla Sunlife P * Selection of P (ii) INVESTMI (Please Tick (Active Choice Please note: 1. In case you do 3. In case you do 3. In case you hav (LC 50). (iii) ASSET A Asset Class Specify % (iv) Auto Cho choice of LC, | FUND SEL nt Sector: on Fund Limited Model: Sub Sub NPS the Pension Fure Funds Private Lett Solutions Lirital Pension Fure Ital Pension Fund Ital Pension Funds Pension Funds Pension Funds Pension Fund is ENT OPTIO (v) in the bound indicate any ve opted for Auto E (Cannot exceed 50% Dice Option 1, your funds LC) | SELECTION ANI For Government Subsoc I (b) SBI Pension Funds scribers under All Citizer scribers shall have the color interest of th | Please read pribers, the following specific prices and Auto Choice pany e and Auto Choice wing your invoice ow and if you selent funds will be invoice only in case G (Max up to 100%) only in case of as per LC 5 | ENT OPTION* (I below condition of the property of the available PFs as property of the available P | (Please refer ons before op the same per the guittions Ltd. available PFs as per the below table in the per the per the below table in the per the p | to Sr no. 6 of the ting for the choic delines issued by the G or their choice in the tabl in consultation with thei nt option as available wi Availability Available to Government Sector attion instructions will be ive Choice' invest Asset class E-Equity a related instruments; As Asset Class A-Alternat MBS, REITS, AIFs, Inv Choice' investment The Cap to Equity investment The Cap to Equ | e instructions) ce covernment: le below. ir respective Employe ith Aggregator. of the Pension Fun Available to NPS Lite e ignored and investr stment option) and related instrumen sset class G-Govern tive Investment Fund ifts etc. ent option). In | ment will be made as parts; Asset class C-Corpent Bonds and related is including instrument. | corporate Model* per Auto Choice corate debt and distruments; is like CMBS, |
| 10. PENSION 1. Governmer (a) LIC Pensic 2. All Citizen 3. Corporate 4. NPS Lite: Name of t LIC Pension F UTI Retiremen ICICI Prudenti Kotak Mahindi Reliance Capit HDFC Pensior Birla Sunlife P * Selection of P (ii) INVESTMI (Please Tick (Active Choice Please note: 1. In case you sel 2. In case you sel 2. In case you sel 2. In case you sel (LC 50). (iii) ASSET A Asset Class Specify % (iv) Auto Chochoice of LC, Life Cycle (L | FUND SEL nt Sector: on Fund Limited Model: Sub Sub NPS the Pension Fund Limited Funds Private L nt Solutions Lir ial Pension Fund ial Pension Fund ital Pension Fund ital Pension Fund is ENT OPTIO (v) in the bo lect Active Choic not indicate any ve opted for Aut LLOCATIO E (Cannot exceed 50% Dice Option your funds LC) | SELECTION ANI For Government Subsoc I (b) SBI Pension Funds scribers under All Citizer scribers shall have the color interest of th | Please read cribers, the followins Pvt. Limited (c) in model has the coption to choose to model where subservenes. Pany Pany | ENT OPTION* (I below condition in present solution of the available PFs as personners as the available PFs as personners as a choice of the available PFs as personne | (Please refer on the public of PF and investment o | to Sr no. 6 of the ting for the choic delines issued by the G or their choice in the tabl in consultation with thei nt option as available wi Availability Available to Government Sector cation instructions will be ive Choice' invest Asset class A-Alternat MBS, REITS, AIFs, Inv Choice' investment | e instructions) ce covernment: le below. ir respective Employe ith Aggregator. of the Pension Fun Available to NPS Lite e ignored and investr stment option) Ind related instrumen set class G-Govern ive Investment Fund vits etc. ent option). In ments is 75% of the to nents is 50% of the to | ment will be made as parts; Asset class C-Corporate Bonds and related is including instruments. | corporate Model* per Auto Choice corate debt and distruments; is 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 DECLAPATION ON FATCA* (Foreign Account Tay Compliance Act) | (Places refer to Sr no 9 of the instructions) | |
|---|--|---|
| | , | _ |
| | (* LTI in case of male and RTI in case of | |
| | Signature/Thumb Impression* of Subscriber in black | - |
| Place: | | |
| Date: | | |
| | | ٦ |
| | | |

| Particulars Country/countries of tax residency | | Country (1) | Country (2) | Country (3) |
|--|-------------------------|------------------|-------------|-------------|
| | | INDIA | | |
| | Address Line 1 | PODA ASTIA | | |
| Address in the jurisdiction for Tax Residence | City/Town/Village | PODA ASTIA,null, | | |
| | State | ODISHA | | |
| | ZIP/Post Code | 757049 | | |
| Tax Identification Number (TIN)/Functional equivalent Number | | APWPC0685E | | |
| TIN/ Functional equivalent Number Issuing Country | | INDIA | | |
| Validity of documentary evidence provided | 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: 1/7/24 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 | Auglischle to Consument Schooliber | | | | | | | |
|---|--|---|---|--|--|--|--|--|
| Applicable to Government Subscribers (Subscribers Employment Details to be filled and attested by the Deptt. (All Details are | | | | | | | | |
| Date of Joining: | 26/12/2023 | | 04/2049 | | | | | |
| Employee Code/ID (If applicable) | 150568 | | are optional. If you intend to provide, | | | | | |
| PPAN (If applicable) | .55555 | mention any one. | are optional if you interest to provide, | | | | | |
| Group of Employee (Tick as | Group A Group | O B Group C | Group D | | | | | |
| Office | MDRAFM | | | | | | | |
| Department Ministry | Finance Finance | | | | | | | |
| DDO Registration Number | SGV097557F | | | | | | | |
| DTO/PAO/CDDO/DTA/PrAO Reg. No | 4010075 | | | | | | | |
| Basic Pay Pay Scale | 56100 56100-177500 | | | | | | | |
| · | | IURY 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 re | ead entries/entries have been read over to him/her b | by us and got confirmed by him/her. | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Signature of the Authorised person | Rubber Stamp of the DDO | Signature of the Authorised person | Rubber Stamp of the | | | | | |
| (In the box above) | (In the box above) | Signature of the Authorised person | 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 Finance | | Date | | | | | | |
| 14. DECLARATION BY EMPLOYER/ (| CORPORATE | | | | | | | |
| | Applicable to Corporate Su | 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 subscrib | | | employment details provided above are as per | | | | | |
| the service record of the employee maintained b | y us. Also, it is further certified that he / she has | read the entries / entries have been read over to him | m / her by us and got confirmed by him / her. | | | | | |
| Deter | | Place: | | | | | | |
| Date: | | Flace. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Signature of the Authorised person | on (In the box above) | | | | | | | |
| | | | | | | | | |
| Designation of the Authorised Person | | Rubber Stamp of the Corpora | te (In the box | | | | | |
| 15. DECLARATION BY THE AGGREG | CATOR | | | | | | | |
| 13. DECLARATION BY THE AGGRE | SATOR | | | | | | | |
| | Applicable to NPS | Lite Subscribers | | | | | | |
| | | | | | | | | |
| Authorisation by Aggregator's office (| NL - AO) | | | | | | | |
| | | 5. I hereby declare that the subscriber is eligible to jo | | | | | | |
| 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 pers | Signature of the Authorised person (In the box above) Rubber Stamp of the Aggregator (In the box above) | | | | | | | |
| digitature of the Authorised pers | on (in the box above) | rabber dramp or the riggregator (in t | ne box above) | | | | | |
| Name of the Aggregator | | | | | | | | |
| | | | | | | | | |
| NPS Lite Account Office (NL-AO) Regis | | NPS Lite - Collection Centre (NL - CC) Regis | uauufl | | | | | |
| Membership No. allotted by Aggregator (if any) | | | | | | | | |
| Place: | 1 | Date: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

12 DECLADATION BY EMPLOYED

| | | | | | 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 i.Mother's name is mandatory. ii.If Mother's name has more than 30 digits, you may fill Annexure II for the sam | | | 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 | | |
| | | | | | | 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