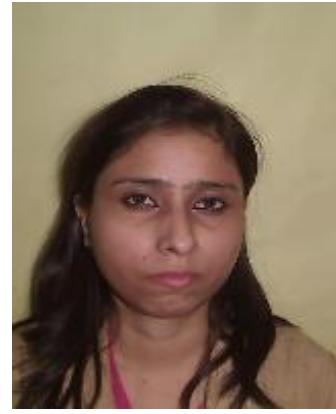


# NATIONAL PENSION SYSTEM (eNPS) - SUBSCRIBER REGISTRATION FORM

## SUBSCRIBER REGISTRATION FORM

Aadhaar based registration		<input checked="" type="checkbox"/>	Non Aadhaar based registration						
Please Select your Category		All Citizen Model			<input checked="" type="checkbox"/>	Corporate Sector			
Select your Central Recordkeeping Agency (CRA)		NSDL eGovernance Infrastructure Ltd			<input checked="" type="checkbox"/>	Karvy Computer Infrastructure Ltd			
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 :									
KYC Number									
Retirement Advisor Code									



### 1. PERSONAL DETAILS:

Name of Applicant in full	Shri <input type="checkbox"/> Smt <input checked="" type="checkbox"/> Kumari <input type="checkbox"/>									
First Name *	ASHA JHA									
Middle Name										
Last Name										
Maiden Name (if any*)	RUKMINI									
Father's Name*	PRATAP NARAYAN JHA									
Mother's Name*	RUKMINI DEVI JHA									
Date of Birth *	2	2	/	0	7	/	1	9	8	3
City of Birth *	JABALPUR									
Country of Birth	INDIA									
Marital Status*	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	Gender *	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Others			
Nationality*	IN-Indian	<input checked="" type="checkbox"/>								
Spouse Name*	SANJEET JHA									
Residential Status*	Indian									

### 2. PROOF OF IDENTITY(PoI)\*

Passport				Passport expiry Date										
Voter ID Card				PAN Card		AOIPJ9033L								
Driving License				Driving License expiry Date										
UID (Aadhaar)	875469254142			NREGA JOB Card										
Others														
3. PROOF OF ADDRESS (PoA)*														
Proof of Address	Passport	<input type="checkbox"/>	Driving License	<input type="checkbox"/>	Aadhaar card	<input checked="" type="checkbox"/>	Voter ID card	<input type="checkbox"/>	NREGA Job Card	<input type="checkbox"/>	Ration Card	<input type="checkbox"/>	Others	<input type="checkbox"/>
	Registered Lease	<input type="checkbox"/>	Sale agreement of residence			<input type="checkbox"/>								
	Latest Gas Bill	<input type="checkbox"/>	Electricity Bill			<input type="checkbox"/>	Telephone[Landline] Bill			<input type="checkbox"/>				

### 4.1 CORRESPONDENCE ADDRESS DETAILS\*

Address Type*	<input type="checkbox"/> Residential/Business	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered	<input type="checkbox"/> Unspecified								
Flat/Room/Door/Block no.	504, GREEN PARK												
Landmark	BEHIND SOUTH PARK												
Premises/Building/Village	DOCTORS COLONY, NALLAGANDLA												
Road/Street/Lane													
Area/Locality/Taluka	SERILINGAMPALLY												
City/Town/District	LINGAMPALLI, , K.V. RANGAREDDY										PIN Code	500019	
State/U.T.	TELANGANA												
Country	INDIA												

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

Address Type*	<input type="checkbox"/> Residential/Business	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered	<input type="checkbox"/> Unspecified								
Flat/Room/Door/Block no.	504, GREEN PARK												
Landmark	BEHIND SOUTH PARK												
Premises/Building/	DOCTORS COLONY, NALLAGANDLA												
Road/Street/Lane													
Area/Locality/Taluka	SERILINGAMPALLY												
City/Town/District	LINGAMPALLI, , K.V. RANGAREDDY										PIN Code	500019	
State/U.T.	TELANGANA												
Country	INDIA												

### 5. CONTACT DETAILS

Tel. (Off)	<input type="text"/>	Tel. (Res) :	<input type="text"/>										
Mobile	+ 91 9977335115												
Email ID	ASHA.TANU@GMAIL.COM												

## 6. OTHER DETAILS

### Occupation Details

Private Sector <input checked="" type="checkbox"/>	Government <input type="checkbox"/>	Public Sector <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Professional <input type="checkbox"/>	Agriculture <input type="checkbox"/>		
Homemaker <input type="checkbox"/>	Student <input type="checkbox"/>	Others-Retired <input type="checkbox"/>	Other (please specify) <input type="text"/>				
Income Range (per annum)		Upto 1 lac <input type="checkbox"/>	1 lac to 5 lac <input checked="" type="checkbox"/>	5 lac to 10 <input type="checkbox"/>	10 lac to 25 lac <input type="checkbox"/>	25 lac and above <input type="checkbox"/>	
Educational Qualifications		Below SSC <input type="checkbox"/>	SSC <input type="checkbox"/>	HSC <input type="checkbox"/>	Graduate <input type="checkbox"/>	Masters <input checked="" type="checkbox"/>	Professionals ( CA, CS, CMA, etc.) <input type="checkbox"/>
Please Tick If Applicable		Politically exposed <input type="checkbox"/>	Related to Politically exposed <input type="checkbox"/>				

## 7. SUBSCRIBER BANK DETAILS:

Account Type	Savings A/c <input checked="" type="checkbox"/>	Current A/c <input type="checkbox"/>
Bank A/c Number	<input type="text" value="910010027939337"/>	
Bank Name*	<input type="text" value="AXIS BANK"/>	
Branch Name	<input type="text" value="DAMOHNAKA, JABALPUR"/>	
Branch Address	<input type="text" value="HOUSE NO. 1829 &amp; 1830, GROUND FLOOR, PARIJAT BUILDING, MAIN ROAD, DAMOHNAKA, CHERITAL"/>	
Pin Code *	<input type="text" value="482002"/>	
State/U.T.	<input type="text" value="MADHYA PRADESH"/>	
Country	<input type="text" value="INDIA"/>	
Bank MICR	<input type="text" value="482211002"/>	IFS Code <input type="text" value="UTIB0000864"/>

## 8. SUBSCRIBER NOMINATION DETAILS\*

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 separately)

Name of the Nominee provided

Nominee Name

Relationship with the Nominee

Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

Nominee's Guardian

## 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.

## 10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION\*

(i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:

(a) All Citizen Model: Subscribers under All Citizen model has the option to choose one of the available PFs as per their choice in the table below.

(b) Corporate Model: Subscribers shall have the option to choose one of the available PFs as per the below table in consultation with their respective Employer.

Name of the Pension Fund	PFM Selected
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<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 Sun Life Pension Management Limited	<input checked="" type="checkbox"/>

\* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

### (ii) INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)

Active Choice	<input type="checkbox"/>	Auto Choice	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---------------	--------------------------	-------------	-------------------------------------	--------------------------

For details on Auto Choice, please refer to the Offer Document. 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.

(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 (Max up to 100%)	Total
% share	75	10	15		100%

Note:- 1. The total allocation across E, C , G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

2. Asset class E- Equity and related instruments; Asset class C- Corporate debt and related instruments; Asset class G- Goverment Bonds and related instruments; Asset Class A- Alternative Investment Funds including instruments like CMBS,MBS,REITS,AIFs ,Invlts etc.

(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)Funds	Please tick	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	✓	
LC 50		
LC 25		

## 11. DECLARATION BY SUBSCRIBER\*

### 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 there under 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 has been derived from my 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

2 | 1 | / | 0 | 1 | / | 2 | 0 | 1 | 8

Place :

Signature/Thumb Impression\* of Subscriber in black ink  
(\* LTI in case of male and RTI in case of female)

## 12. DECLARATION ON FATCA\* (Foreign Account Tax Compliance Act) COMPLIANCE:

## Section I\*

US Person\*

YES NO 

## Section II\*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Country/countries of tax residency	Address in the jurisdiction for Tax Residence	Tax Identification Number (TIN)/Functional equivalent Number	TIN/ Functional equivalent Number Issuing Country	Validity of documentary evidence provided
INDIA	GREEN PARK, DOCTORS COLONY HYDERABAD TELANGANA 500019	AOIPJ9033L	INDIA	

I certify that:

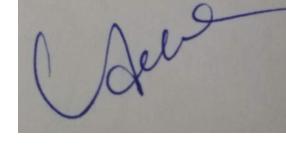
- a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid 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
- 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

2	1	/	0	1	/	2	0	1	8
---	---	---	---	---	---	---	---	---	---

Place :

Name of subscriber\*: ASHA JHA



Signature/Thumb Impression\* of Subscriber in black ink  
(\* LTI in case of male and RTI in case of female)

## 13. TO BE FILLED BY POP-SP

Receipt No. (17 digits)

POP-SP Registration Number

KYC Compliance	Yes		No	
----------------	-----	--	----	--

Document accepted for date of Birth Proof

Copy of PAN card submitted	Yes		No	
----------------------------	-----	--	----	--

Document Received: (Originals Verified) Self Certified (Attested) True Copies:

Identity Verification: Done

## Existing Bank Customer:

I/we hereby certify/confirm that Shri/Smt/Kum .....is 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/Kum .....is not a 'Basic Savings Bank Deposit Account' .

## Adhaar Based KYC Certificate:

I/we hereby certify that Aadhaar Number .....of 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.

To be filled by POP-SP		
		Name:
		Designation:
		Place:
POP-SP Seal	Signature of Authorized Signatory	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## [To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by		CRA-FC Registration Number	
Received at		Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Acknowledgement Number (by CRA-FC)	11435577		
PRAN Alloted	110162160027		

## ACKNOWLEDGEMENT

Name of the Subscriber: ASHA JHA

Contribution Amount Remitted: ₹ 1500.00

Date

Stamp and Signature of the Employer/PoP:

**TIER II DETAILS**

I hereby submit the following details for Tier – II account under NPS.

1. PAN : A 0 I P J 9 0 3 3 L

2. Subscribers Bank Details:

If same as Tier I

Account Type Savings A/c  Current

Bank A/c Number 910010027939337

Bank Name AXIS BANK

Branch Name DAMOHNAKA, JABALPUR

Branch Address HOUSE NO. 1829 & 1830, GROUND FLOOR, PARIJAT BUILDING, MAIN ROAD, DAMOHNAKA, CHERITAL

Pincode 482002

State/U.T. MADHYA PRADESH

Country INDIA

Bank MICR Code 482211002 IFS Code UTIB0000864

3. Subscriber's Nomination Details

If same as Tier I

Name of the Nominee:

First Name	Middle Name	Last Name
SANJEET		JHA

Date of Birth (In case of Minor) 1 1 / 1 2 / 1 9 8 6

Relationship with the Nominee:

HUSBAND

Nominee's Guardian Details (in case of a minor):

First Name	Middle Name	Last Name

4. Subscriber Scheme Preference

PENSION FUND (PF) SELECTION AND INVESTMENT OPTION\*

(i) PENSION FUND SELECTION :

If same as Tier I

Pension Fund Name	PFM Selected
LIC Pension Fund Limited	
SBI Pension Funds Private Limited	
UTI Retirement Solutions Limited	<input checked="" type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	
Kotak Mahindra Pension Fund Limited	
Reliance Capital Pension Fund Limited	
HDFC Pension Management Company Limited	
BIRLA Sun Life Pension Management Limited	

## (ii) INVESTMENT OPTION

Active Choice  Auto Choice 

For details on Auto Choice, please refer to the Offer Document. 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.

## (iii) ASSET ALLOCATION

Asset Class	E (Cannot exceed 50%)	C	G	A	Total
% share	75	10	15		100%

Note:- 1. The total allocation across E, C , G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

2. Asset class E- Equity and related instruments; Asset class C- Corporate debt and related instruments; Asset class G- Goverment Bonds and related instruments; Asset Class A- Alternative Investment Funds including instruments like CMBS,MBS,REITS,AIFs ,Invits etc.

(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)Funds	Please tick	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	✓	
LC 50		
LC 25		

## Declaration &amp; Authorization by subscriber

- I have read and understood the terms and conditions of the National Pension System and hereby agree to the same 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/NPSCAN and view details) & T-PIN on the CRA website.
- I agree to take a printout of the registration form from eNPS portal, paste photograph, affix signature and send it to CRA. I understand that my PRAN will be 'frozen' temporarily if the form is not sent to CRA within 90 days from the date of allotment of PRAN. (Applicable only for Aadhaar based Subscriber Registration).
- I understand that my initial contribution will be credited in my PRAN but I will not be able to make any further contribution till the KYC compliance is confirmed by the Bank selected by me during registration. Once the KYC compliance is confirmed by Bank, I agree to take a printout of the registration form from eNPS portal, paste photograph, affix signature and send it to CRA. I understand that my PRAN will be 'frozen' temporarily if the form is not sent to CRA within 90 days from the date of allotment of PRAN. (Applicable to Subscribers registering with PAN and subsequent KYC verification by Bank).
- I hereby declare that I am the bonafide subscriber of NPS and the contribution being paid for this transaction pertains to my PRAN. I further declare that I will make payment from my bank account.

## Declaration under the Prevention of Money Laundering Act, 2002

- I hereby declare that the contribution paid by me has been derived from my 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.

I have opted for Tier II and I declare that I will submit copy of PAN Card and cancelled Cheque/Bank Certificate along with the Registration Form to CRA.

Date of Registration: 2 1 / 0 1 / 2 0 1 8

Place:

Signature/Thumb Impression\* of

Subscriber in black ink

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

To be filled by POP/POP(SP)

POP-SP Registration Number

Copy of PAN Card submitted

YES  NO

POP-SP Seal	Name:	
	Designation:	
	Place:	
POP-SP Seal	Signature of Authorised Signatory	Date:

## ADDITIONAL REQUEST DETAILS

### 1. Name of Father

## 2. Name of Mother

3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)

	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 instructions.
First Name		
Middle Name		
Last Name		

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

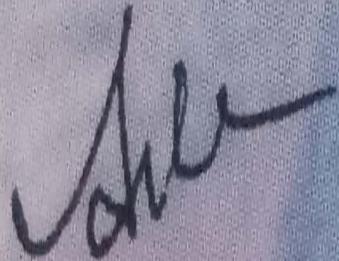
ASHA JHA

PRATAP NARAYAN JHA

22/07/1983

Permanent Account Number

AOIPJ9033L



Signature



300072010

PAY

OR BEARER / वा वारेर

RUPEES

रुपये

₹

अदा करें

A/C NO.	910010027989337
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SBSTF 864180

Cash

ASHA JHA

Payable at par at all branches of Axis Bank Ltd in India.

Please sign above

1026231 4822110021 864180 31