


NATIONAL PENSION SYSTEM (eNPS) – SUBSCRIBER REGISTRATION FORM																																	
SUBSCRIBER REGISTRATION FORM																																	
Aadhaar based registration												<input checked="" type="checkbox"/>	Non Aadhaar based registration										<input type="checkbox"/>	<input type="checkbox"/>									
Please Select your Category												All Citizen Model						<input checked="" type="checkbox"/>	Corporate Sector						<input type="checkbox"/>								
Select your Central Recordkeeping Agency (CRA)												NSDL eGovernance Infrastruture Ltd						<input checked="" type="checkbox"/>	Karvy Computer Infrastruture Ltd						<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 :																																	
KYC Number																																	
Retirement Advisor Code																																	
1. PERSONAL DETAILS:																																	
Name of Applicant in full						Shri		<input checked="" type="checkbox"/>	Smt		<input type="checkbox"/>	Kumari		<input type="checkbox"/>																			
First Name *						SANJEET JHA																											
Middle Name																																	
Last Name																																	
Maiden Name (if any*)						JHA																											
Father's Name*						SHRIKANT JHA																											
Mother's Name*						MALTI JHA																											
Date of Birth *						<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="/"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="/"/>	<input type="text" value="1"/>	<input type="text" value="9"/>	<input type="text" value="8"/>	<input type="text" value="6"/>																		
City of Birth *						DARBHANGA																											
Country of Birth						INDIA																											
Marital Status*						<input checked="" type="checkbox"/>	Married						<input type="checkbox"/>	Unmarried						<input type="checkbox"/>	Others						Gender *		<input checked="" type="checkbox"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Others"/>	
Nationality*						IN-Indian				<input checked="" type="checkbox"/>																							
Spouse Name*						ASHA JHA																											
Residential Status*						Indian																											
2. PROOF OF IDENTITY(PoI)*																																	
Passport																Passport expiry Date																	
Voter ID Card																PAN Card						ANKPJ9900F											
Driving License																Driving License expiry Date																	
UID (Aadhaar)						999427631873										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"/>	<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.						FLAT NO. 504																											
Landmark						BEHIND SOUTH PARK																											
Premises/Building/Village						GREEN PARK, DOCTORS COLONY																											
Road/Street/Lane																																	
Area/Locality/Taluka						NALLAGANDLA, SERILINGAMPALLY, HYDERABAD																											
City/Town/District						LINGAMPALLI,,K.V. RANGAREDDY														PIN Code		500019											
State/U.T.						TELANGANA																											
Country						INDIA																											
4.2 PERMANENT ADDRESS DETAILS: <input checked="" type="checkbox"/> 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.						FLAT NO. 504																											
Landmark						BEHIND SOUTH PARK																											
Premises/Building/						GREEN PARK, DOCTORS COLONY																											
Road/Street/Lane																																	
Area/Locality/Taluka						NALLAGANDLA, SERILINGAMPALLY, HYDERABAD																											
City/Town/District						LINGAMPALLI,,K.V. RANGAREDDY														PIN Code		500019											
State/U.T.						TELANGANA																											
Country						INDIA																											
5. CONTACT DETAILS																																	
Tel. (Off)						08106007760										Tel. (Res) :						08106007760											
Mobile						+ 91 8106007760																											
Email ID						SANJEETJH@GMAIL.COM																											

6. OTHER DETAILS

Occupation Details

Private Sector☒

Government☐

Public Sector☐

Self Employed☐

Professional☐

Agriculture☐

Homemaker☐

Student☐

Others-Retired☐

Other (please specify)

Income Range (per annum)

Upto 1 lac☐

1 lac to 5 lac☐

5 lac to 10☒

10 lac to 25 lac☐

25 lac and above☐

Educational Qualifications

Below SSC☐

SSC☐

HSC☐

Graduate☐

Masters☒

Professionals (CA, CS, CMA, etc.)☐

Please Tick If Applicable

Politically exposed☐

Related to Politically exposed☐

7.SUBSCRIBER BANK DETAILS:

Account Type

Savings A/c☒

Current A/c☐

Bank A/c Number

914010022499388

Bank Name*

AXIS BANK

Branch Name

SERILINGAMPALLY

Branch Address

KBR 'S VASAI RESIDENCY, PLOT NO.5,HUDA TRADE CENTRE, SERILINGAMPALLY,DIST. RANGA REDDY,

Pin Code *

500019

State/U.T.

ANDHRA PRADESH

Country

INDIA

Bank MICR

500211038

IFS Code

UTIB0001457

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

ASHA JHA

Relationship with the Nominee

WIFE

Date of Birth (In case of Minor)

2

2

/

0

7

/

1

9

8

3

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 checked="" 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 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

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 (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	50	30	20		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	<div>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</div>
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

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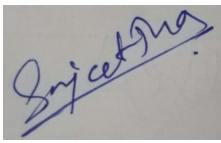
2

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	ANKPJ9900F	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.

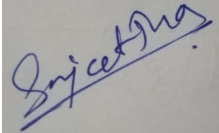
h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date

2	1	/	0	1	/	2	0	1	8
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Place :

Name of subscriber*: SANJEET 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/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' .				
Adhaar Based KYC Certificate: 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.				

To be filled by POP-SP		
		Name:
		Designation:
		Place:
POP-SP Seal	Signature of Authorized Signatory	Date: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

[To be filled by CRA - Facilitation Centre (CRA-FC)]			
Received by		CRA-FC Registration Number	
Received at			Date: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Acknowledgement Number (by CRA-FC)	11435474		
PRAN Alloted	110162149805		

ACKNOWLEDGEMENT	
Name of the Subscriber:	SANJEET JHA
Contribution Amount Remitted: ₹	1500.00
Date	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Stamp and Signature of the Employer/PoP:	

(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- Government 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		

Declaration & 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
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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

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Copy of PAN Card submitted YES ☐ NO ☐

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

ADDITIONAL REQUEST DETAILS

1. Name of Father

[illegible]

2. Name of Mother

[illegible]

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		

[illegible]

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

MPALLY, 500073

VALID FOR THREE MONTHS FROM THE DATE OF ISSUE

DATE
दिनांक

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D D M M Y Y Y Y

OR BEARER / या धारक को

Sanjeev Jha

अदा करें

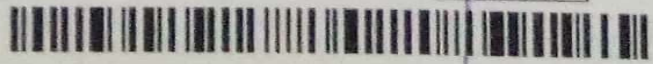
₹

Sanjeev Jha

SANJEET JHA
Please sign above

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

009822 5002110381 000180 31



INCOME TAX DEPARTMENT



GOVT. OF INDIA

SANJEET JHA

SHRIKANT JHA

11/12/1986

Permanent Account Number

ANKPJ9900F

Sanjeet Jha

Signature

