	NATIONAL PENSION	SYSTEM (eNPS	S) – SUBSCI	RIBER F	REGISTRATIO	ON FORM			
		SUBSCRIBER RE					— Г		
Aadhaar based registrati		 	ar based re	т т	<u>l - </u>				
Please Select your Categ	-	All Citizen NSDL eGovern		V	Corporate : Karvy Comp	l			
Select your Central Reco	rdkeeping Agency (CRA)	Infrastrutur		√	Infrastrut				
То,									
National Pension System Trus	st.								
Dear Sir/Madam, I hereby request that an NPS	account be opened in my nan	ne as per the parti	iculars given b	elow:					
KYC Number	· · · ·	· · ·							
Retirement Advisor Code									
1. PERSONAL DETAILS:									
Name of Applicant in full	Shri 🗸 Smt	Kumari							
First Name *	RAM AVATAR S								
Middle Name Last Name									
Maiden Name (if any*)									
Father's Name*	SARDAR SINGH B								
Mother's Name*	SUKHA DEVI R								
Date of Birth *	1 5 / 0 3 / 1	9 9 2							
City of Birth *	BENGALURU								
Country of Birth	INDIA	T	 				 		_
Marital Status*	✓ Married	Unmarried	Oth	ers		Gender *	✓ Male	Female	Others
Nationality*	IN-Indian ✓								
Spouse Name*	MEENAKSHI PARODA								
Residential Status*	Indian								
2. PROOF OF IDENTITY(Po	ol)*								
Passport			Passport	expiry D	ate				
Voter ID Card			PAN Car	d		BGFPR5330	A		
Driving License	KA5320110008239		Driving L	icense ex	cpiry Date	26/05/203	1		
UID (Aadhaar)			NREGA	JOB Card	t				
Others 3. PROOF OF ADDRESS (Page 1)	οΛ)*								
`.	Passport Driving Lice	nse V Aadhaa	r card	Voter ID	card NF	REGA Job Card	d Ra	tion Card Oth	ners
1001 017 (441000		reement of reside							
Ī	Latest Gas Bill Elect	ricity Bill Te	elephone[Land	dline] Bill					
4.1 CORRESPONDENCE A	ADDRESS DETAILS*								
Address Type*	Residential/Business	√ Residential	Bus	iness	Registe	red		Unspecified	
Flat/Room/Door/Block no.	101A								
Landmark	NEAR GAYATRI TEMPLE								
Premises/Building/Village	GAYATRI LAYOUT								
Road/Street/Lane	21ST CROSS 2ND STAGE	<u> </u>							
Area/Locality/Taluka	BASAVANPURA MAIN ROA	AD KR PURAM							<u> </u>
City/Town/District	BANGALORE					PIN Code	560036		\exists
State/U.T.	KARNATAKA					L			
Country	INDIA								
4.2 PERMANENT ADDRES	<u> </u>) in the box in c √ Residential		ss is sam iness	ne as above. Registe	rod	$\overline{}$	Unspecified	
Address Type* Flat/Room/Door/Block no.		V Residential	Bus		registe			Onspecified	
Landmark									
Premises/Building/	NEAR GAYATRI TEMPLE								
-	GAYATRI LAYOUT	_							
Road/Street/Lane	21ST CROSS 2ND STAGE	<u> </u>							
Area/Locality/Taluka	BASAVANPURA MAIN RO	AD KR PURAM							
City/Town/District	BANGALORE					PIN Code	560036		
State/U.T.	KARNATAKA								
Country	INDIA								
5. CONTACT DETAILS		1 .	Tol (Das)						7
Tel. (Off)			Tel. (Res) :						
Mobile + 91 87920									
Email ID RAMBHARLIA	A007@GMAIL.COM								

6. OTHER DETAILS			
Occupation Details			
Private Sector	Government Public S	Sector Self Emplo	oyed Professional Agriculture
Homemaker	Student Others-	-Retired Other (ple	ease specify)
Income Range (per annum)	Upto 1 lac 1 lac to 5 lac 1		lac to 25 lac 25 lac and above
	Below SSC SSC HSC		asters Professionals (CA, CS, CMA, etc.)
Please Tick If Applicable	Politically exposed Related	d to Politically exposed	
7.SUBSCRIBER BANK DETA	 AILS:		
Account Type	Savings A/c 🗸 Current A/o	c \square	
Bank A/c Number	000201665103		
Bank Name*	ICICI BANK LIMITED		
Branch Name	BANGALORE - M G ROAD		
Branch Address	ICICI BANK TOWERS, 1, COMMISS	SARIAT ROAD, GROUND FL	LOOR, BANGALORE560025.
Pin Code *	560025		
State/U.T.	KARNATAKA		
Country	INDIA		
Bank MICR	560229002	IFS Code	ICIC0000002
8. SUBSCRIBER NOMINATION			
		ees and if you desire so plea	ase fill in Annexure III (Additional Nomination Form)
provided separately)			,
Name of the Nominee provid	ded		
Nominee Name SUKF	HA DEVI R		
Relationship with the Nomin	MOTHER		
Date of Birth (In case of Min	or) 0 1 / 0 3 / 1 9 6	5	
Nominee's Guardian Details	(in case of a minor)		
Nominee's Guardian			
9. NPS OPTION DETAILS(Ple	ease tick () as applicable).		
I would like to subscribe for Ti	ier II Account also YES ✓ NO	If yes, please so	ubmit details in Annexure I.
10. PENSION FUND (PF) SE	LECTION AND INVESTMENT OPTION*		
(i) PENSION FUND SELECTI	ION (Tier I): Please read below conditions	s before opting for the choice	e of Pension Funds:
			ailable PFs as per their choice in the table below.
(b) Corporate Model: Subsc	cribers shall have the option to choose on	e of the available PFs as pe	r the below table in consulation with their respective Employer.
Name of the Pension Fund		PFM Selected	
LIC Pension Fund Limited			
	,		
SBI Pension Funds Private L			
UTI Retirement Solutions Lin	nds Management Company Limited		
	. ,		
Kotak Mahindra Pension Fur			
Reliance Capital Pension Fu			
HDFC Pension Management	t Company Limited	V	
BIRLA Sun Life Pension Ma	anagement Limited		
	mandatory both in Active and Auto Choice ecified by PFRDA. Currently, SBI Pensior		e a choice of PF, please note that it is deemed that you have e default PF.
	vailable for All Citizen Model and Corpora		
Active Choice	Auto Choice	·	
 In case you select Active Cho In case you do not indicate an In case you have opted for Au 	ase refer to the Offer Document. Please noice fill up section III below and if you selent investment option, your funds will be invute to Choice and fill up section III below related will be ignored and investment will be marked.	ect Auto Choice fill up section vested in Auto Choice (LC 5 lating to Asset Allocation,	

(iii) Asset Allocation	on (to be filled up only in case you ha	ave selected the 'Active (Choice' investment opt	ion)	
Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Max up to 100%)	Total
% share	50	30	20		100%

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C and G 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.
- 4. 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.

your funds will be invested as p	. ,	nave selected the Auto Choice investment option). In case, you do not indicate a choice of LC,
Life Cycle (LC)Funds	Please tick	
LC 75		Note:- 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 50		2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
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 3 / 1 2 / 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 Acc	ount Tax Compliance Act) Co	OMPLIANCE:	
Section I*				
US Person*	YES	NO \	/	
Document Evidencing Ci	itizenship YES	NO		
Reason for No evidence				
Section II*				
			tification Number (TIN)/functional eq etails of all countries of tax residence	
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	#101 A 21ST CROSS, 2ND STAGE GAYATRI LAYOUT BASAVANPURA MAIN	BGFPR5330A	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 3 / 1 2 / 2 0 1 8

Place:

Name of subscriber*: RAM AVATAR S

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

40 TO DE EULED DV DOD OF					
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 Ve	erified) Self Certified	(Attested) T	rue Copie	es:
Identity Verification:	Done				
Existing Bank Customer:					
I/we hereby certify/confirm that		n	is an existing cus	tomer of	the Bank having fully operative Saving Bank account
B. a/c of Shri/Smt/Kum	nk Account wh		ements for opening NP	S accoun	t have been fully complied with. We further confirm that the S.
is not a 'Basic Savings Ba	-	ccount'.			
Adhaar Based KYC Certificate: I/we hereby certify that Aadhaar Nu mentioned on the original Aadhaar care matching with that mentioned on	mberard		n/Smt/Kum		has been checked and the name and address
	i				
To be filled by POP-SP					Name
					Name:
					Designation:
					Place:
POP-SP Seal		Signature of Author	rized Signatory		Date:
	[To be f	illed by CRA - Fac	cilitation Centre (CR	A-FC)]	
Received by			CRA-FC Registratio	n Numbe	r
Received at					Date:
Acknowledgement Number (by CR.	A-FC)	11681039			
PRAN Alloted		110162859674	1		
Name of the Subscriber:	RAM AVATAR		NOWLEDGEMENT		
Contribution Amount Remitted: ₹	750.00				
Date					
	/D 5				
Stamp and Signature of the Employ	er/PoP:				

		TIER II DETAIL	<u>-S</u>		
I hereby submit the f	ollowing details for Tier – II	l account under NPS.			
1. PAN : В G	_	7			
2. Subscribers Bank	Details:				
If same as Tier I	V				
Account Type		rrent			
Bank A/c Number	000201665103				
Bank Name	ICICI BANK LIMITED				
		un.			<u> </u>
Branch Name	BANGALORE - M G ROA	, COMMISSARIAT ROAD, GROUND	ELOOP PANCALO	DEE (AA)E	_
Branch Address Pincode	560025	, COMMISSANIAI NOAD, GNOOND	TEOON, BANGALO	ML300023.	
State/U.T.	KARNATAKA				
Country	INDIA				<u> </u>
Bank MICR Code	560229002		IFS Code I		
3.Subscriber's Nomi			11 0 00dc		
If same as Tier I	V				
Name of the Nomi	nee:				
First Name		Middle Name		Last Name	
SUKHA DEVI R					
Nominee's Guardia First Name	n Details (in case of a mind	or): Middle Name		Last Name	
4.Subscriber Scheme	e Preference				
PENSION FUND (PF) :	SELECTION AND INVESTMEN LECTION :	NT OPTION*			
If same as Tier I					
	Pension Fund Name		F	PFM Selected	
LIC Pension	on Fund Limited				
SBI Pensio	on Funds Private Limited				
UTI Retire	ment Solutions Limited				
ICICI Prud	ential Pension Funds Mana	agement Company Limited			
Kotak Mah	indra Pension Fund Limited	d			
Poliones	Panital Dancian Fund Limite	ad.			
Reliance	Capital Pension Fund Limite	2 0			
HDFC Per	nsion Management Compai	ny Limited		✓	
BIRLA Su	n Life Pension Manageme	ent Limited			

(ii) INVESTMENT OPTIO	N					
Active Choice	Auto Choice ✓					
 In case you select Acti In case you do not indicate In case you have opted 	ce, please refer to the Offer Dove Choice fill up section III becate any investment option, you for Auto Choice and fill up suctions will be ignored and inv	low and if you select Auto our funds will be invested in section III below relating to	n Auto Choice (L0 Asset Allocation,	C 50).	•	
(iii) ASSET ALLOCATION						
Asset Class	E (Cannot exceed 7	5%) C	G	А	Total	
% share	50	30	20		100%	
 From 51 years and ab allocation will be carried and 3. The total allocation ac shall be rejected. Asset class E- Equity 	out as per the matrix on date	of birth. sees must be equal to 100% et class C- Corporate debt	er the equity alloo 6. In case, the all and related instru	cation matrix procession is left iments; Asset	blank and/or does n	e A. The tapering off of equity oot equal 100%, the application nt Bonds and related
(iv) Auto Choice Option (your funds will be invested	to be filled up only in case you ed as per LC 50.	u have selected the 'Auto C	Choice' investmer	nt option). In o	case, you do not indic	cate a choice of LC,
Life Cycle (LC)Funds	Please tick					
LC 75		Note:-	a Life cycle fund whe	are the Can to E	quity investments is 75%	of the total asset
LC 50		2. LC 50- It is the	e Life cycle fund whe	ere the Cap to Ed	quity investments is 75% quity investments is 50% quity investments is 25%	of the total asset
LC 25			,	·		
Declaration & Author	ization by subscriber					
documents furnished Agency/National Per	erstood the terms and condition of by me are true and correct, so Insion System Trust, of any chall be fully liable for submission	to the best of my knowledg ange in the above informat	e and belief. I un ion furnished by	dertake to info me. I do not h	orm immediately the	Central Record Keeping
PFRDA, whether co	bound by the terms and cond mplete or partial without any r AN and view details) & T-PIN o	new declaration being furni				thereof as approved by ditions for the usage of I-PIN (to
	ntout of the registration form fr f the form is not sent to CRA					
by the Bank selected portal, paste photograms days from the date of I hereby declare that		nce the KYC compliance is it to CRA. I understand that lble to Subscribers register	s confirmed by Ba at my PRAN will t ing with PAN and	ink, I agree to be 'frozen' ten I subsequent	o take a printout of th mporarily if the form i KYC verification by I	Bank).
Declaration under the	e Prevention of Money La	underina Act. 2002				
I hereby declare that has the right to peru	at the contribution paid by me	has been derived from mere the information, with oth	er government a	uthorities. I fu		ne. I understand that NPS Trust S Trust has the right to close my
	II and I declare that I will sub	, , , , , , , , , , , , , , , , , , , ,	•	J	icate along with the l	Registration Form to CRA
Thave opted for the	in and raddiale that r will odd	The copy of 17 ht Cara and	carreened errequ	o, Barin Gorai		Trogiculation Form to Gravit
Date of Registration:	2 3 / 1 2 / 2	0 1 8				
Place:				Sig	nature/Thumb Im	'
1 1400.				(* LTI in ca	Subscriber in base of male and R	RTI in case of female)
		To be filled by POP/I	POP(SP)			
POP-SP Registration Nu	ımber	·				
Copy of PAN Card subm	nitted YES	NO				
					Name:	
					Designation:	
					Place:	
POP-SP Seal		Signature of Au	uthorised Signato	ry	Date:	

Annexure II to eNPS Form	1
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ADDITIONAL DECLIECT DETAIL O

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 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 Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:	First Name Middle Name Last Name Middle Name Midd																																													
Middle Name Last Name Name of Mother First Name S U K H A D E V T R Middle Name Last Name 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 Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:	Middle Name Last Name Name of Mother	\top																																				r	er	ther	ath	f Fa	of	ame	Ν	
Name of Mother First Name SUKHADEVIR R Middle Name Last Name 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 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 Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:	Last Name Name of Mother First Name Middle Name Last Name 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 Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:			\neg	\top		Τ			Т			$\overline{}$		T														Τ				\top	\top	\top		Γ					Э	ame	st Nar	Fir	
Name of Mother First Name SUKHADEVIR RMIddle Name Last Name 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 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 Name: Place:	Name of Mother First Name			$\frac{-1}{1}$	$\frac{\perp}{\Gamma}$					$\frac{\perp}{\top}$					 																		$\frac{\perp}{\top}$	$\frac{\perp}{\perp}$	<u> </u>)	me	Nan	ldle N	Mi	
First Name S U K H A D E V I R	First Name S U K H A D E V I R				Ī																										<u> </u>											Э	ıme	t Nar	La	
First Name S U K H A D E V I R	First Name S U K H A D E V I R																																													
Middle Name 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 Name: Place:	Middle Name Last Name 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 Subscriber's Full Name in Hindi (As selected in the Subscriber Registration form Please refer Sr. No. 1 of the instructions. Pirst Name Middle Name Last Name Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:																																					r	er	ther	loth	f Mo	e of	ame	١	
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	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 (As selected in the Subscriber Registration form Please refer Sr. No. 1 of the instructions. First Name Middle Name Last Name Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:				Ι																	R			I	V	E		D		A	Н	K	J	Ι	S	[е	ame	st Na	Fir	
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 Subscriber'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 Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:	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 Subscriber'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 Name: Place:)	me	Nan	ldle N	Mi	
PRAN card in Hindi) Subscriber's Full Name in Hindi Subscriber'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 Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:	PRAN card in Hindi) Subscriber's Full Name in Hindi Subscriber'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 Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:																																									е	ame	st Nai	La	
Last Name Name: Place: Date: Date:	Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:																									1							_									ne	lam	rst Na	F	
Middle Name Last Name Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:	Middle Name Last Name Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:																+																									ne	lam	rst Na	 F	
Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:	Name: Place: Signature/Thumb Impression* of Subscriber in black ink Date:		<u>,</u>														+																								ie	ame	Na	iddle	N	
Place: Signature/Thumb Impression* of Subscriber in black ink Date:	Place: Signature/Thumb Impression* of Subscriber in black ink Date:																																									ne	lam	ıst Na	L	
										\top							e:	Da						k	(in	ack	bla	in	ber	cri	ıbs	f Sı	* O	ion	ssi	ore	np	lm	o Ir	mb	umk	Thu	re/7	natur	Sig	()
																ıle)	ema	of f	se	ca) in	sior	res	mp	nb Ir	num	nt T	igh	 ΓΙ (R	⊢ RT	and		of m	ise (1 ca	n) ir	ion	ssio	essi	pres	Impr	mb Im	hum	eft Th	TI (_