NA	TIONAL PENSIC	N SYSTEM (NPS) - SU	JBSCRIBER	REGISTRATION FORM - Private Sector
PRAN Card & Kit*	PRAN Card & Kit*			nt Opening Kit (please tick())
(refer sl no.1 of instructions)	ePRAN Card	Physical PRAN Card	Throu	gh Email Physical Kit (Courier)
Print my PRAN in Hindi		YES V NO) If Yes, s	submit details as per Annexure I
Select your category		Corporate		All Citizen
То,				
National Pension System Tru Dear Sir/Madam,	ust.			
I hereby request that an NPS	S account be opened	d in my name as per the pa	rticulars given b	elow:
				al guidelines at instructions page).
CKYC Identifier			RA Code	
1. PERSONAL DETAILS	: (Refer SI no. 1 o	f instructions)		Use Annexure II if name exceeds the space provided below
Salutation*	√ Shri	Smt.	Kumari	
Applicant Name*	SAMUEL THOM	MAS		
Father's Name	D D THOMAS			
Mother's Name	T PREMA			
Either Father's or Mother's n	ame is mandatorv*	Select the name	to appear on P	RAN Card V Father's Name Mother's Name
Date of Birth*	29/03/1991			
Place of Birth*	THIRUNEVELI			
Country of Birth*	INDIA			
Gender*	√ Male	Female	Transgender	Nationality* INDIAN
Marital Status*	Unmarried	√ Married	Wic	low/Widower Divorcee
Spouse Name (if married)*	ROOBY S	<u> </u>	 _	
PAN Card*	ARMPT9728R	or	Form 60 f	urnished Submission of PAN or Form 60 is mandatory
Income Range (per annum)	Below 1 lac		5 lac to	
Occupation Details*	Public Sect	or 🗸 Private Sector	Profession	al Self Employed Homemaker Others
Please Tick If Applicable	Politically e	xposed person Re	elated to Politica	lly exposed person (Refer instruction no. 1)
2. PROOF OF IDENTITY	Y(Pol)*	(If PAN is not provided, an	y one of the foll	owing documents to be submitted)
Passport		P	assport Expiry I	Date
Driving License		D	riving License E	Expiry Date
Voter ID Card		P	roof of possess	on of Aadhaar 4008 Provide last four digits
NREGA Job Card		N	lational Populati	on Register
3. ADDRESS DETAILS*		(To be attested by the Nod	lal Office)	
Line 1	OLD NO-24,NE	W NO-1/522		
Line 2	PONNIYAMMA	N KOVIL STREET		
Village / City	VENGAIVASAL			
District	SEMBAKKAM,,	KANCHEEPURAM		State/U.T. TAMIL NADU
Country	INDIA			PIN Code 600073
4. CONTACT DETAILS				
Mobile*	+917395972686	5		Telephone with STD code)
Email ID*	SAMUELT2903	@GMAIL.COM		
			for Slina 2 of i	etructions)
5. BANK DETAILS*		(Proof to be submitted. Re		Structions)
Account Type Bank A/c Number	V Saving A/c 5010007725459	Current A/o	<i>;</i>	
Bank A/C Number Bank Name	HDFC BANK	, ı		IFS Code HDFC0000676
		4 - 61- 1 - 1 - 1		5 5545 1151 50000076
6. NOMINATION DETAI		o. 4 of instruction)	· · · ·	
A. The nomination shall be in B. A fresh nomination shall be			s/ner family. Fo	r nominating more than one person, submit Annexure III
Nominee Name	ROOBY S			Form submitted using OTP Authentication (through Email and
Relationship	SPOUSE	Date	e of Birth (In cas	Mobile)
Name of Guardian			(300	05-02-2022 15.22.00
(if nominee is a minor)		AND INVESTMENT O	HOIOE* (5.1	
7. SELECTION OF PEN 1. Maximum equity allocation	,			
	ne PF is mandatory of Investment Choice	else form will be rejected. If may be exercised in consu	no investment	
	Pension Fund* (P	lease Tick () one)		Investment Choice (Please Tick () one)
Aditya Birla Sunlife Pe				Active Choice mention the % share in each asset
ICICI Prudential Pens	· ·			E(Upto75%) C (Upto 100%) G (Upto 100%) A (Upto 5%) Total 75 10 15 100%
SBI Pension Funds Pr		LIC Pension Fund I Any other (please v		✓ Auto Choice select one life cycle fund below
	- 	, (p.0000 v		Conservative (LC25) Moderate (LC50) Aggressive (LC75)

8. Activate my Tier- II accou	int (Please ti	ck () to activate)		
	minee & invetsment details	,	ninee/investment details as p	per Δnneyure IV
9. FATCA* (Foreign Accoun	,		(Refer SI no. 6 of instruc	,
	dia and not resident of any other	country I ar	n a tax resident of the countr	ry/ies mentioned below
	es V No	1	1 0 (0)	
Partice Country/countries		Country (1)	Country (2)	Country (3)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Address Line 1			
Address in the jurisdiction for Tax Residence	City/Town/Village			
Tax residence	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/	Functional equivalent Number			
TIN/ Functional equivalent Numl		\		
validity of documentary evidence	e provided (Wherever applicable	?)		
I have understood the information and Terms & Conditions) and here correct, and complete and hereby	eby confirm that the information p			
correct, and complete and herosy	accept the came.		Signature/Thu	umb Impression* of Applicant (refer instructions)
10 DECLADATION BY ADD	DI ICANIT* (Poton Class 7 of in	netructions)		otractionoj
10. DECLARATION BY APF	· ·	nstructions) onal Pension System. The informa	ation and	
documents furnished by me ar	e true and correct, to the bes	et of my knowledge. Any change ust. I do not hold any pre-existing	es in the	
		on of any false or incorrect infor		
Declaration under the Prevention			arad and	
assessed sources of income. I u	understand that NPS Trust has	as been derived from legally decl the right to peruse my financial	profile or	
		agree that NPS Trust has the righ elating to prevention of money laur	ndering.	Thumb Impression* of Applicant males and RTI in case of females to
Date: 09/02/2022	Place:		I ,	Toe impression in case no hands)
11.DECLARATION BY EMP	PLOYER (All Details ar	re Mandatory)		
l Date of Ioining		7		
Date of Joining	24/01/2022	Date of Retirement	31/12/2052	
Employee Code/ID	24/01/2022 AIPL14458	_	31/12/2052 Non-mandatory if not availa	able
G		Date of Retirement CBO Registration Number	Non-mandatory if not availa	
Employee Code/ID	AIPL14458	_	Non-mandatory if not availa	able us and the details provided in this
Employee Code/ID CHO Registration Number It is certified that SAMUEL THe in this subscriber registration form	AIPL14458 HOMAS In including the address and emp	CBO Registration Number	is employed with	us and the details provided in this of the employee maintained with us.
Employee Code/ID CHO Registration Number It is certified that SAMUEL THe in this subscriber registration form	AIPL14458 HOMAS In including the address and emponents are verified by this office.	CBO Registration Number	is employed with	us and the details provided in this
Employee Code/ID CHO Registration Number It is certified that SAMUEL THe in this subscriber registration form The given address and the documents.	AIPL14458 HOMAS In including the address and emponents are verified by this office.	CBO Registration Number	is employed with	us and the details provided in this of the employee maintained with us.
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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

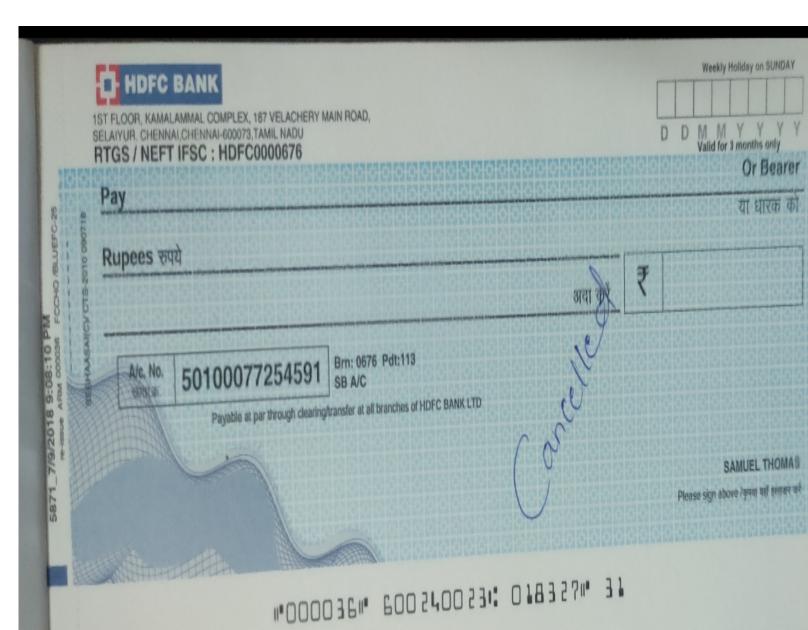
General Guidelines

(a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected. (b) Copies of documents submitted by the applicant should be self-attested. (c) Applicant is advised to retain the acknowledgement slip signed/ stamped by the PoP/PoP-SP office.

SI	Item No	Item Details			lı	nstruct	ions								
			In case a subscriber opt CRA are applicable as ur	- ·	ysical PR	AN Car	d or V	Welcome K	(it, red	luced	accou	ınt open	ing ch	narges of	
	Option for PRAN Card				Account opening with ePRAN card (in Rs.)										
		and Kit	Account opening with Physical PRAN card (in Rs.)			Welcome kit sent in hardcopy				/ We	Welcome kit sent vide email only				
1	1														
'	'	Father's Name, Mother's Name		(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an orphan, he/s leave the fields blank. However, an official document to support the status to be submitted						/she may					
		Politically Exposed Person	Politically Exposed Personauch as heads of state of executives of state-owners	r of the governmen	t, senior p	oliticia	ns, se	nior goveri							
2	2	Proof of Identity and Address		If the applicant is submitting Aadhaar as proof of Identity and Address, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy											
3	5	Bank Details	copy of bank passbook /	For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Account Number and IFS Code.											
4	6	Nomination Details	(a) If a subscriber has family at the time of making a nomination, the nomination shall be in favor of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favor of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family. (b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100.												
			In active choice, until ag equity allocation will be r up to the permissible limit	educed as per the											
5	7	Selection of Pension Fund (PF) & Investment	Equity Matrix - Active Choice	Age (years)	Upto 50		52	53 54	55	56	57	58 59	_	60 &	
		Choice	Corporate applicants r	Max. Limit (%)	choices if	72.5		!	62.5		the e	55 52	<u> </u>	50 se may be	
			2. Corporate applicants i	Tidy exercise these				- CATOTIACA		, iii by	110 0			- may be	
6	9	FATCA & CRS Declaration	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: • Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) • In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. • In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form												
7	9 & 10	Declaration / Signature by Applicant	In case the applicant is u in case of female should thumb / toe impression attesting the same under	be affixed and in c should be attested	ase there it	is no h	ands,	toe impres	sion o	f the	applica	ant to be	provi	ided. The	

Applicable CRA charges:	NSDL	Kfintech	CAMS
Account Opening charges			
Account Maintenance Charges			
Charge per transaction			

Annexures - S	ubscriber Registra		UI FIIVAI	te occioi ap	p		(Tick and fill a			
Annexure I - F	Print PRAN Card in	n Hindi	(Fill	the details in	Devnagri sc	ript)				
Applicant's First Name										
Middle Name										
Last Name										
Father/Mother's First N	ame									
Middle Name										
Last Name										
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	If alphabets of nar	me exceede	ed the sp	ace provide	d on page	1 of the ap	pplication form			
Applicant's First Name										
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Father's First Name										
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Appoyure III	Additional Namina	ation		For Tier-I		For Tier-II	I For Ti	er-II Tax Saver		
	Additonal Nomina	100	Namin						1 t- 4000/	
Percentage Share	Nominee I		Nomine	ee II	No	minee III		l otal should b	e equal to 100%	
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Relationship Name of Guardia	SPOUSE				Age	23	Date of Birth (In c	case of Minor)	03/12/1998	
Name of Guardia (if nominee is a m										
Nominee II - Nam	20									
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(ii rioiiiiide is a ii	ninor)	- tick a	nd fill as a	applicable						
Annexure IV - Activa	ninor)	- tick a	nd fill as a	applicable						
Annexure IV - Activa	te Tier-II	- tick a	nd fill as a							
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INCOME TAX DEPARTMENT

SAMUEL THOMAS

THOMAS

29/03/1991

Permanent Account Number

ARMPT9728R



Signature



GOVT. OF INDIA

