## NATIONAL PENSION SYSTEM (NPS)- SUBSCRIBER REGISTRATION FORM -Government Sector

Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)

	Central Autonomous Body  State Autonomous Body  count be opened in my name as per the particulars given below:				
_	ease fill the form in English and BLOCK letters (Refer general guidelines at instructions page.)				
· · · · · · · · · · · · · · · · · · ·	fer Sr. No.1 of the instructions) below  Use Annexure II if name exceeds the space provided				
Salutation*	Shri Smt  Kumari  Smt  Smt  Smt  Smt  Smt  Smt  Smt  Sm				
Applicant Name*	A N I K E T				
Father's Name	A J A Y K U M A R T U L S H I R A M D H U L I Y A				
Mother's Name	J Y O T I A J A Y K U M A R D H U L I Y A				
Either Father's or Mother's name	e is mandatory*  Select the name to appear on PRAN Card  Father's Name  Mother's Name				
Date of Birth*	1 8 / 1 1 / 1 9 9 6				
Place of Birth*	AHMEDNAGAR				
Country of Birth*					
Gender*	✓ Male ☐ Female ☐ Transgender Nationality* ☐ N D I A N				
Marital Status*	☐ Unmarried ☑ Married ☐ Widow/Widower ☐ Divorcee				
Spouse Name* (if married)	AKSHADA ANIKET DHULIYA				
PAN*	G M W P D 3 6 3 3 N or Form 60 furnished Submission of PAN or Form 60 is mandatory				
Income Range (per annum)	☐ Below 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac to 1 Cr ☐ Above 1 Cr				
Please Tick if Applicable	Politically exposed person Related to Politically exposed person (Refer instruction no. 1)				
2.PROOF OF IDENTITY(Pol) *(	If PAN is not provided, any one of the following documents to be submitted)				
Passport	Passport Expiry Date				
Driving License	Driving License Expiry Date				
Government ID Card	Voter ID Card				
National Population Register					
Proof of possession of Aadhaar	7 5 6 8 Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on submitted copy				
3.ADDRESS DETAILS* (To be a	attested by the Nodal Office)				
Line 1	R U R A L H O S P I T A L A K O L E A K O L E				
Line 2	AKOLE				
District	A H M E D N A G A R State/U.T. MAHARASHTRA				
Country	I N D I A				
4.CONTACT DETAILS					
Mobile No:	+     9     1     7     6     6     6     2     7     7     3     9     7    Telephone with STD code				
Email ID	a n i k e t d h u l i y a 0 8 @ g m a i l . c o m				

6. NOMINATION DETAILS* (Refer Sr. No. 4 of the instructions) A. The nomination shall be in favour of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III B. A fresh nomination shall be made by the subscriber on his/her marriage. C. Before filling up the details, please refer Nomination relationship matrix provided on the instructions page.  Nominee Name  Relationship  SPOUSE  Age  24  Date of Birth (In case of Minor)  Name of Guardian (if nominee is a minor)  7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr. No. 5 of the instructions)  Please Tick (✓) one  Default option (3 Pension Funds - SBI/UTI/LIC and default Govt. Scheme)  I would like to choose my Pension Fund and investment choice (Please select below)  Pension Fund* (Please Tick (✓) one  Aditya Birla Sunlife Pension Mgmt Ltd  HDFC Pension Mgmt Co Ltd  Cor  Active Choice (i.e. 100% in Govt Securities)  Or  Auto Choice  Moderate (LC50)  If no option is chosen, the contributions will be invested as per default option	5.BANK DETAILS*(Proof to be submitted - Refer Sr. No. 3 of the instructions)								
Bank Name  STATE BANK OF INDIA FOOD  Reference of State o	Account Type Saving A/c □ Current A/c								
Code	Bank A/c Number								
A. The nomination shall be in favour of one or more persons belanging to histher family. For nominating more than one person, submit Annexure III B. A. fresh nomination shall be made by the subscriber on histher marriage.  C. Before filling up the details, please refer. Nomination relationship marks provided on the instructions page.  Nominee Name  A. K. S. H. A. D. J. A. N. J. V. E. J. D. H. D. H. D. J. J. D. H. D. J. D. H. D. J. J. J. J. D. H. D. J. J. J. J. D. H. D. J.	Bank Name STATE BANK OF INDIA IFS Code SBIN0012306								
B. A fresh nomination shall be made by the subscriber on hisher marriage. C. Before filling up the details, please refer Nomination realitorship marrix provided on the instructions page.  Nominoe Name    A   K   S   H   A   D   A   A   N   I   K   E   T   D   H   U   U   U   V   A									
Reliationship  Reliationship  SPOUSE Age 24 Date of Birth (In case of Minor)  Investment Grading (if nominee is a minor)  7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr. No. 5 of the instructions)  Please Tick (*) one  Default option (3 Pension Funds - SBFUTTILIC and default Govt, Scheme)    would like to choose my Pension Fund and default Govt, Scheme)   would like to choose my Pension Fund and default Govt, Scheme)   would like to choose my Pension Fund and default Govt, Scheme)   would like to choose my Pension Fund Management Limited   Active Choice (i.e. 100% in Govt Socurities)   Or   Active Choice (i.e. 100%	A. The nomination shall be in favour of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III  B. A fresh nomination shall be made by the subscriber on his/her marriage.								
Name of Guardian (if nominee is a minor)  7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr. No. 5 of the instructions)  Please Tick (*/ ) one    Default option (3 Pension Funds - SBIVIT/LIC and default Govt. Scheme)   I would like to choose my Pension Fund and investment choice (Please select below)    Pension Fund* (Please Tick (*/ ) one   Investment Choice (Please Tick (*/ ) one   Active Choice (i.e. 100% in Govt Securities)     Active Choice (i.e. 100%	- · · · · · · · · · · · · · · · · · · ·								
T. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr. No. 5 of the instructions)  Please Tick (*) one	Relationship								
Please Tick ( ′ ) one		Name of Guardian (if nominee is							
Pease lick (*/ ) one	7. SELECTION OF PENSION FUI	ND (PF	) AND INVESTME	NT CHOICE* (Refer Sr. No. 5 of the ins	structions)				
Pension Fund* (Please Tick (* ) one   Investment Choice (Please Tick (* ) one   Aditya Birla Sunlife Pension Mgmt Ltd   Axis Pension Fund Management Limited   HDFC Pension Mgmt Co Ltd   ICICI Prudential Pension Funds Mgmt Co Ltd   Or   Auto Choice (i.e. 100% in Govt Securities)   Or   Auto Choice   Auto Choice (i.e. 100% in Govt Securities)   Or   Auto Choice   Au	Please lick (✓ ) one					,			
Address in the jurisdiction for Tax Residence   Active Choice (New York)	U I wou				se select bel				
HDFC Pension Mgmt Co Ltd		Pen	sion Fund* (Please	e Tick (✓) one		Investmer	nt Choice (Please Tick (✓ ) one		
Kotak Mahindra Pension Fund Ltd		∕lgmt L				Active Choice (i.e	, —		
Max Life Pension Fund Mgmt Ltd		d Ltd		_					
TATA Pension Mgmt Ltd	│	Ltd		SBI Pension Funds Private Limited		Auto Choice			
S. Tier-II Choice (Please Tick (< to activate)				UTI Retirement Solutions Limited			Moderate (LC50)		
Tier-II	If no option is chosen, the contri	bution	s will be invested	as per default option		<u> </u>			
As per the details given in Annexure IV    With same bank, nominee details   Please write name of Pensil   With different bank/nominee/investment details as per Annexure IV    Partical   Please write name of Pensil   With different bank/nominee/investment details as per Annexure IV    Partical   Please write name of Pensil   With different bank/nominee/investment details as per Annexure IV    Partical   Please write name of Pensil   With different bank/nominee/investment details as per Annexure IV    Partical   Please write name of Pensil	8. Tier-II Choice (Please Tick (✓ to	o activa	ate)				Providing PAN is mandatory		
With different bank/nominee/investment details as per Annexure IV   9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instruction):   1 am a tax resident of India and not resident of any other country	Tier-II			Tier II - Tax Sa	ver (only fo	r Central Govern	ment employees)		
9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instruction):    I am a tax resident of India and not resident of any other country	As per the details given in Ann	exure	IV				<u> </u>		
□ I am a tax resident of India and not resident of any other country  US Person □ Yes □ No  Particulars □ Country (1) □ Country (2) □ Country (3)  Country/countries of tax residency □ Address in the jurisdiction for Tax Residence □ State □ ZIP/Post Code □ ZIP/Post Code □ ZIP/Post Code □ ZIP/Post Code □ ZIP/Tountoinal equivalent Number □ TIN/ Functional equivalent Number □ ddmmyyyy □ Signature/Thumb Impression* of □ Signature	☐ With different bank/nominee/investment details as per Annexure IV								
Particulars Country (1) Country (2) Country (3)  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 (Wherever applicable)  I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same    Country (1)	O EATCA* (Foreign Assessmt Toy	Came	lianas Ast) 9 CDC	DECLARATION (Defer Street 6 of the	inatrustian).				
Particulars Country (1) Country (2) Country (3)  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 (Wherever applicable)  I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same    Country (1)			,				v		
Country/countries of tax residency  Address In the jurisdiction for Tax Residence  Address Line 1  City/Town/Village State ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same  Signature/Thumb Impression* of	☐ I am a tax resident of India and	d not re	esident of any other				v		
Address in the jurisdiction for Tax Residence    State   ZIP/Post Code	I am a tax resident of India and	d not re	esident of any other	country I am a tax resident of the	he country/ie	es mentioned belov			
Residence  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same  Signature/Thumb Impression* of	☐ I am a tax resident of India and US Person  Particulars	d not re	esident of any other s No	country I am a tax resident of the	he country/ie	es mentioned belov			
Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same  Signature/Thumb Impression* of	US Person Particulars Country/countries of ta	d not re	esident of any other  No  dency  Address Line 1	country I am a tax resident of the	he country/ie	es mentioned belov			
TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same  Signature/Thumb Impression* of	US Person  Particulars  Country/countries of ta	d not re	esident of any other  S No  Dency Address Line 1 City/Town/Village State	country I am a tax resident of the	he country/ie	es mentioned belov			
Validity of documentary evidence provided (Wherever applicable)  I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same  Signature/Thumb Impression* of	I am a tax resident of India and US Person  Particulars Country/countries of ta  Address in the jurisdiction for Talesidence  Tax Identification Number (TIN)	Yes	esident of any other  No  dency Address Line 1 City/Town/Village State ZIP/Post Code	country I am a tax resident of the	he country/ie	es mentioned belov			
& Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same  Signature/Thumb Impression* of	I am a tax resident of India and US Person  Particulars Country/countries of ta  Address in the jurisdiction for Tax Identification Number (TIN) Number	Yes	esident of any other  S No  dency Address Line 1 City/Town/Village State ZIP/Post Code onal equivalent	country I am a tax resident of the	he country/ie	es mentioned belov			
	I am a tax resident of India and US Person  Particulars Country/countries of ta  Address in the jurisdiction for T Residence  Tax Identification Number (TIN) Number TIN/ Functional equivalent Nur Validity of documentary evidence	d not re Ye  ax resid	esident of any other  s No  dency Address Line 1 City/Town/Village State ZIP/Post Code onal equivalent suing Country	country I am a tax resident of the	he country/ie	os mentioned below	Country (3)		

I have read and understood the terms an	otor Sring ( at the inetructions)						
I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. 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  Declaration under the Prevention of Money Laundering Act, 2002  I hereby declared 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.  Place:    Signature/Thumb Impression* of Applicant (*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)							
11. DECLARATION BY NODAL OFFICE	(All Details are Mandatory)						
Date of Joining 0 2	/ 1 1 1 / 2 0 2 3 Date of Retirement 3 0 / 1 1 / 2 0 5 6						
Employee Code/ID (If applicable) D H	H S A A D M 9 6 0 2 Employee Code/ID and PPAN are optional. If you intend to provide, mention any one						
PPAN (If applicable) 5 4	0 2 0 0 2 5 4 4 A A D M 0						
Name of the office M E	E D I C A L S U P E R I N T E N D E N T , M E D I C A						
Department D I	RECTORATE OF HEALTH SERVICES						
Ministry P U	J B L I C H E A L T H D E P A R T M E N T .						
DDO Registration Number	V 1 9 1 3 5 1 B DTO/PAO/CDDO/DTA/PrAO Registration Number 4 0 2 8 9 1 6						
	is employed with us and the details provided in this subscriber registration form including the address and as per the service record of the employee maintained with us. The given address and the documents are verified by this office. fied that he/she has read entries/entries have been read over to him/her 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 DTO/PAO/CDDO						
Name of the Authorised Person	Designation of the Authorised Person						
Name of the DDO Deptt / Ministry	Name of DTO/PAO/CDDO/DTA/PrAO  Date						
	ACKNOWLEDGEMENT						
Name of the Subscriber Date of Receipt of Application:							

## 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 the Nodal Office 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 designated nodal officer where they submit the application.

S		Item No	Item Details	Instructions
$\prod_{i}$		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/she may leave the fields blank. However, an official document to support the status to be submitted.
	'			Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.
ΙŒ	2	2	Proof of Idenity	If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.
	3	5	Bank Details	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 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 favour 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 favour 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.  (c) Please refer nomination relationship matrix provided below
,	5	7	Pension Fund (PF)	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 / LC 25 under 'Auto Choice'. The choices exercised by applicants from State Government/Autonomous body shall be ignored if the choice is not extended by the respective employer and the contributions shall be invested as per the default choice. If no choice is provided, the contributions will be distributed among the three default Pension Funds (SBI/UTI/LIC) selected by the Government.
	6		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	10	Signature by	In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp.

	Nomination Relationship Matrix (Please mention relationship as per details given below							
Marital Status	Male	Female	Transgender					
Unmarried	Mother     Father     Pease specify the relationship if any other person	Mother     Father     Pease specify the relationship if any other person	Mother     Father     Please specify the relationship if any other person					
Married	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter					
Widow/ Widower	Son     Daughter     Mother     Father     Daughter in Law     Grandson     Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter					
Divorcee	Son     Daughter     Mother     Father     Daughter in Law     Grandson     Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter					

## **General Information for Subscribers**

- a) The Subscriber can obtain the status of his/her application from CRA and respective Nodal office.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated respective nodal office where they submit the application.
- c) For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in
Call: 022-2499-4200
Address: Central Recordkeeping Agency (CRA)
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel (W), Mumbai - 400013

Annexures - Subscriber Registration Form for Government Sector applicants (Tick and fill applicable annexures below)									
Annexure I - Print PRAN Card in Hindi (Fill the details in Devnagri script)									
Applicant's F	First Name	अनिकेत							
Middle Name	e	अजयकुमार							
Last Name		धुलिया							
Father / Mot	her's First Name								
Middle Name	e								
Last Name									
Annexu	re II - If alphabets of	name exceeded the space provided on page 1 of the application form							
Applicant's F	First Name	ANIKET							
Middle Name	е	A J A Y K U M A R							
Last Name		D H U L I Y A							
Father First		A J A Y K U M A R							
Middle Name	e								
Last Name									
Mother's Firs		J y o t i							
Middle Name	е	A j a y k u m a r							
Last Name									
Annexu	re III - Additional Nor	nination For Tier - I For Tier - II Tax Saver							
Perce	ntage Share	1 0 0 0 0 Total should be equal to 100%							
	Nominee I - Name	AKSHADA ANIKET DHULIYA							
Nominee I	Relationship	SPOUSE Age 24 Date of Birth (In case of Minor)							
	Name of Guardian (i is a minor)	f nominee							
	Nominee II - Name								
Nominee II	Relationship	Age Date of Birth (In case of Minor)							
	Name of Guardian (								
	Nominee III - Name								
Nominee III	Relationship	Age Date of Birth (In case of Minor)							
Nominee III	Name of Guardian (i								
	is a minor)								
□ Annexu	PAN *	s applicable Activate Tier - II Activate Tier - II Tax Saver# (available to Central Govt employees only)  G M W P D 3 6 3 3 N							
U No chan	ige in Bank details	☐ Bank details for Tier-II are as under:							
Account Typ	e	Saving Current Account							
Bank A/c Nu	ımber	4 2 4 1 1 6 3 0 7 6 2							
Bank Name		STATE BANK OF INDIA IFSC Code S B I N 0 0 1 2 3 0							
No change in Nominee details Nominee details for Tier-II are as under:									
Nominee - N	ame								
Relationship		Age Date of Birth (In case of Minor)							
Name of Guardian (if nominee is a minor)									
In case you	desire to nominate	more than one person, fill Annexure III above							

☐ Investments de			*only	selection of PF is requ	ired		
	Investment Choice (Please Tick (✓) one						
Aditya Birla Sunlife Pension		Axis Pension Fund Management Limited					
HDFC Pension Mgmt Co Ltd		☐ ICICI Prudential Pension Funds Mgmt Co Ltd	<b>E</b> (upto 100%)		mention the % share in C (Upto 100%)  %Corp Bonds	n applicable asset clas <b>G</b> (Upto 100%)  %Govt. Sec.	s below Total 100%
Kotak Mahindra	Pension Fund	LIC Pension Fund Limited	76 Equity	% Equity %Corp Bonds %Govt. Sec. 10  OR  Auto Choice Select one life cycle fund below		100 /8	
☐ Max Life Pension	on Fund Mgmt Ltd	SBI Pension Funds Private Limited	Conservative (LC25) Moderate (LC50) Aggressive (LC75)			LC75)	
TATA Pension N	/Igmt Ltd	UTI Retirement Solutions Limited					
Name of the Applicant  Place  Date  Date  ANIKET AJAYKU  ANIKET AJAYKU  ANIKET AJAYKU  ANIKET AJAYKU  ANIKET AJAYKU		JMAR DHULIYA				Impression* of Applicar Instruction)	nt