

NATIONAL PENSION SYSTEM (NPS)

SUBSCRIBER REGISTRATION FORM

Affix
recent colour
photograph
of
3.5 cm X 2.5 cm
size

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:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

1. PERSONAL DETAILS:

Name of Applicant in full	Shri <input type="checkbox"/>	Smt. <input type="checkbox"/>	Kumari <input type="checkbox"/>																									
First Name*																												
Middle Name																												
Last Name																												
Date of Birth*	d	d	/	m	m	/	y	y	y	y	(Date of Birth should be supported by relevant documentary proof)																	
Gender* [Please tick (✓)]	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>																									
Father's Name*	F	i	r	s	t						M	i	d	d	i	e					L	a	s	t				

(Refer Sr. No. 1 of instructions)

2. IDENTITY DETAILS* (Any one of the documents need to be provided)

PAN		Aadhaar		Voter ID											
Passport		Others	Name of the ID	I	D	N	u	m	b	e	r				Please refer Sr. No. 2 of the instructions.

3. CORRESPONDENCE ADDRESS DETAILS*

Flat/Room/Door/Block no.											Landmark																										
Premises/Building/Village																																					
Road/Street/Lane																																					
Area/Locality/Taluk																																					
City/Town/District																					PIN Code																
State/U.T.																					C	o	u	n	t	r	y										

4. PERMANENT ADDRESS DETAILS

☐ Tick (✓) in the box in case the address is same as above.

Flat/Room/Door/Block no.											Landmark																										
Premises/Building/Village																																					
Road/Street/Lane																																					
Area/Locality/Taluk																																					
City/Town/District																					PIN Code																
State/U.T.																					C	o	u	n	t	r	y										

Proof of Address (Correspondence/Permanent)

Aadhar card ☐ Passport ☐ Voter ID card ☐ Driving License ☐ Ration Card ☐ Registered Lease ☐ Sale agreement of residence ☐
 Latest Gas Bill# ☐ Electricity Bill# ☐ Telephone[Landline] Bill# ☐ Others (please specify)

*Not more than 3 months old. Please refer Sr. No. 2 of the instructions

5. CONTACT DETAILS

Landline Phone (with STD Code)		Mobile	+	9	1																				
Email ID																									

Do you want to subscribe to SMS Alerts : Yes ☐ No ☐ Mobile number is essential for receiving sms alerts regarding your NPS account

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

► Occupation Details [please tick(✓)]

Private Sector <input type="checkbox"/>	Government Sector <input type="checkbox"/>	Public Sector <input type="checkbox"/>	Business <input type="checkbox"/>	Professional <input type="checkbox"/>	Agriculture <input type="checkbox"/>
Homemaker <input type="checkbox"/>	Student <input type="checkbox"/>	NRI <input type="checkbox"/>	Other (please specify) 		

► Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐

► Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac and above ☐

► Educational Qualifications Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professionals (CA, CS, CMA, etc.) ☐

7. SUBSCRIBER BANK DETAILS (Please refer to Sr no. 4 of the instructions)

Account Type [please tick(✓)]	Saving A/c <input type="checkbox"/>	Current A/c <input type="checkbox"/>																																								
Bank A/c Number																																										
Bank Name																																										
Branch Name																																										
Branch Address																					PIN Code																					
																					S	t	a	t	e	/	U	.	T		C	o	u	n	t	r	y					
Bank MICR Code											IFSC Code																															

8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)

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)

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. (Tier II account is not available for NPS Lite/Swavalamban subscribers).I would like my PRAN to be printed in Hindi YES ☐ NO ☐ If Yes, please submit details on Annexure II**10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*****(i) PENSION FUND SELECTION (Tier I) : The names of the all PFs are mentioned in the instructions page and are available to the all sector subscribers with following conditions:**(i) **Government Sector:** For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:

(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.

(ii) **NPS Lite/Swavalamban:** NPS Lite Swavalamban is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.(iii) **All Citizen Model:** Subscribers under All Citizen model has the option to choose the available PFs as per their choice in the table below.(iv) **Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

Name of the Pension Fund	Please Tick (✓)	Availability of the Pension Funds		
LIC Pension Fund Limited	<input type="checkbox"/>	Available to Government Sector	Available to NPS Lite/Swavalamban	Available to All Citizen Model*
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"/>			

* 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)

(Please Tick (✓) in the box given below showing your investment option).

Active Choice ☐ Auto Choice ☐

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

- In case you do not indicate any investment option, your funds will be invested in Auto Choice
- In case you have opted for Auto Choice, DO NOT fill up section below relating to Asset Allocation. In case you do, 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	G	Total	Note:- 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.
%					

11. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 6 of the instructions)**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 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.

Additional declaration by Swavalamban subscriber

I have read/explained to me and understood the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare 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.

Date

Place :

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of female)**ACKNOWLEDGEMENT**Name of the Subscriber: Contribution Amount Remitted: ₹ Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP/Aggregator:

12. DECLARATION BY EMPLOYER/POP/AGGREGATOR**Applicable to Government Subscribers only****(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))**

Date of Joining	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	Date of Retirement	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
Employee Code/ID	<input type="text"/>		
Group of Employee (Tick as applicable)	Group A <input type="checkbox"/>	Group B <input type="checkbox"/>	Group C <input type="checkbox"/> Group D <input type="checkbox"/>
Office	<input type="text"/>		
Department	<input type="text"/>		
Ministry	<input type="text"/>		
DDO Registration Number	<input type="text"/>		
DTO/PAO/CDDO/DTA/PrAO Registration Number	<input type="text"/>	Basic Pay	<input type="text"/>
Pay Scale	<input type="text"/>		

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified 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 (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person	<input type="text"/>	Designation of the Authorised Person	<input type="text"/>
Name of the DDO	<input type="text"/>	Name of DTO/PAO/CDDO/DTA/PrAO	<input type="text"/>
Deptt/Ministry	<input type="text"/>	Date	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y

Applicable to Corporate Subscribers only**(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))**

Date of Joining	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	Date of Retirement	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
Employee ID	<input type="text"/>		
Corporate Regd. No Allotted by CRA	<input type="text"/>	CBO No. allotted by CRA	<input type="text"/>

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	Rubber Stamp of the Corporate (In the box above)
Signature of the Authorized Person (In the box above)	Place	
Designation of the Authorized Person:		

To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)

Receipt No. (17 digits)	<input type="text"/>	POP-SP Registration Number	<input type="text"/>
Document accepted for date of Birth Proof:	<input type="text"/>		
Copy of PAN card submitted	YES <input type="checkbox"/> NO <input type="checkbox"/>	KYC Compliance	YES <input type="checkbox"/> NO <input type="checkbox"/>

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.

POP-SP Seal	Signature of Authorized Signatory	Name:	<input type="text"/>
		Designation:	Place:
		Date	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y

Declaration by the Aggregator (Only in case of NPS Lite/Swavalamban Subscribers)**Authorisation by Aggregator's office (NL - AO)**

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by after (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)
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Name of the Aggregator	<input type="text"/>
NPS Lite Account Office (NL-AO) Registration Number	<input type="text"/>
NPS Lite - Collection Centre (NL - CC) Registration Number	<input type="text"/>
Membership No. allotted by Aggregator (if any)	<input type="text"/>
Place	<input type="text"/>
Date	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y

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

Received by	<input type="text"/>	CRA-FC Registration Number	<input type="text"/>
Received at	<input type="text"/>	Date	<input type="text"/> d <input type="text"/> d / <input type="text"/> m <input type="text"/> m / <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
Acknowledgement Number (by CRA-FC)	<input type="text"/>		
PRAN Allotted	<input type="text"/>		

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back
- (c) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (f) The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- (g) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website <http://www.npsra.nsdcl.co.in>

S.No	Item No.	Item Details	Instructions																																																														
1	1	Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																														
		Father's Name	i. If father's name has more than 30 digits, you may fill Annexure II for the same. ii. Father's name is mandatory. However, if applicant does not want to provide father's name, he/she has an option to provide mother's name on Annexure II and the mother's name will be printed on PRAN card iii. If the applicant wants mother's name to be printed instead of Father's name on PRAN Card, he/she must fill Annexure II																																																														
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">S.No</th> <th style="width: 55%;">Proof of Identity (Copy of any one)</th> <th style="width: 5%;">S.No</th> <th style="width: 35%;">Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph.</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP bank for an existing Bank customer.</td> <td>4</td> <td>Certificate of the POP bank for an existing Bank customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity 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			Note: (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted. (iii) In case of Government subscribers, the KYC documents may be submitted within a period of 30 days after generation of PRAN.																																																														
3	6	Other Details (Occupation Details)	An NRI subscriber would need to furnish an Indian address for communication and bank details within India. Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.																																																														
		Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example 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.																																																														
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.																																																														
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																														
6	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the nodal officer with the official seal and stamp. Left Thumb Impression in case of male and Right Thumb Impression in case of female.																																																														

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:
 Website: <https://www.npsra.nsdcl.co.in>
 Call: 022-2499-4200
 e-mail: info.cra@nsdl.co.in
 Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.