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Ta			your Category [ Ple lent Sector		to Sector	recent colour photograph
To,	onal Pension System Trust.	All Citize			ite Sector e/Swavalamban	of 3.5 cm X 2.5 cm
	· Sir/Madam,		II WOUEI		e/Swavalalliball	size
	eby request that an NPS account b			-		
* ind	cates mandatory fields. Please fill the	e form in English ar	nd BLOCK letters with	black ink pen. (Refer g	general guidelines at instructions page	3)
1.	PERSONAL DETAILS: Name of Applicant in full	Shri S	smt. Kum	ari		
	First Name*					
	Middle Name					
	Last Name					
	Date of Birth*			(Date of Birth should	be supported by relevant document	tary proof)
	Gender [Please tick ( $$ )] Ma Father's Name*		nale Others	M i d d l e	e           L   a  s	.  +
	(Refer Sr. No. 1 of instructions)					
2.	IDENTITY DETAILS* (Any one of th	ne documents need to	b be provided)			
	PAN	Aadhaar			Voter ID	
	Passport	Others	Name of the ID	ID Num	ber Please	e refer Sr. No. 2 of the instructions.
3.	CORRESPONDENCE ADDRESS	DETAILS*				
	Flat/Room/Door/Block no.				Landmark	
	Premises/Building/Village					
	Road/Street/Lane Area/Locality/Taluk					
	City/Town/District				PIN Code	
	State/U.T.				C 0 u	n t r y
4.	PERMANENT ADDRESS DETAIL	<b>_S</b> T	ick ( $$ ) in the box in case	e the address is same a	s above.	
	Flat/Room/Door/Block no.				Landmark	
	Premises/Building/Village					
	Road/Street/Lane					
	Area/Locality/Taluk					
	City/Town/District State/U.T.				PIN Code           C         0	n t r y
	Proof of Address (Correspondence	o/Pormanont)				11 C 1 Y
			Driving License	Ration Card	Registered Lease 🗌 Sale ag	reement of residence
			e[Landline] Bill#	Others (please spe		
	*Not more than 3 months old. Please re	efer Sr. No. 2 of the ir	nstructions			
5.						
	Landline Phone (with STD Code)			Mobile	+ 9 1	
	Email ID Do you want to subscribe to SM	IS Alerts : Yes	No Mobi	le number is essential for	r receiving sms alerts regarding your	NPS account
6.	OTHER DETAILS ( Please refer to S					
0.	<ul> <li>Occupation Details [please til</li> </ul>					
		overnment Sector	Public Sector	Business	Professional	Agriculture
	Homemaker Stu	udent	NRI	Other (plea	ase specify)	
		Politically expose	·		exposed Person	
	<ul> <li>Income Range (per annum)</li> <li>Educational Qualifications</li> </ul>	Upto 1 lac Below SSC	1 lac to 5 lac SSC HSC	5 lac to 10 lac		c and above CA, CS, CMA, etc.)
7.	SUBSCRIBER BANK DETAILS ( Account Type [ please tick( $$ ) ]	Saving A/c	Current A/c			
	Bank A/c Number					
	Bank Name					
	Branch Name					
	Branch Address		State/U.T.		PIN Code	n t r y
	Bank MICR Code			FSC Code	C o u	n t r y
	-		· · · · · ·	I		

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8. SUBSC		OMINATION DETAIL	-S* (Please re	fer to Sr. No . 5	of the instructions	;)			
		nee (You can nominate	-			· · · · · · · · · · · · · · · · · · ·	nexure III (Additiona	al Nomination Form)	provided separately)
Nomine	e Name	F i r s t		Mi	d d I e		Last		
Relation	nship with t	he Nominee				Birth (In case of	Minor) d d	1 m m 1	/ y y y
Nomine	e's Guardi	an Details (in case of	a minor)						
Nomine	e's Guardi	an First		Mi	d d I e		Last		
9. NPS O	PTION DE	<b>TAILS</b> (Please tick $()$	as applicable)						
l would	like to sub	scribe for Tier II Acco	unt also YE	S NO		ase submit details in ban subscribers).	n Annexure I. (Tier	Il account is not ava	ilable for NPS Lite/
I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II									
10 PENSIO		PF) SELECTION AN			ŕ				
(i) (ii) (iii)	OSCRIBERS V Governmen (a) LIC Pena NPS Lite/So All Citizen	ND SELECTION (Tie vith following condi tt Sector: For Governm sion Fund Limited (b) S wavalamban: NPS Lite Model: Subscribers und Model: Subscribers shall	<b>tions:</b> ent Subscribers BI Pension Fu Swavalamban i er All Citizen m	s, the following F nds Pvt. Limited s a group choice odel has the opt	PFs act as defaul (c) UTI Retirem model where su tion to choose the	PFs as per the gui ent Solutions Ltd. oscriber has a choic available PFs as p	idelines issued by t ce of PF and investr per their choice in th	he Government: ment option as availa ne table below.	able with Aggregator
()		Name of the Pe	· ·					the Pension Funds	
		n Fund Limited	nsion Fund		Please Tick (v	)	Availability of	the Pension Funds	
			1			Available to			
		n Funds Private Limited				Government Sector			
		ment Solutions Limited					Available to	Available to All	Available to
	ICICI Prud	ential Pension Funds Ma	anagement Cor	npany Limited		_	NPS Lite/ Swavalamban	Citizen Model*	Corporate Model*
		indra Pension Fund Lim				_			
	Reliance C	apital Pension Fund Lin	nited			_			
		sion Management Com f Pension Fund is mandat							
For 1. 2.	In case you In case you and investm	Auto C to Choice, please refer do not indicate any inve- have opted for Auto Ch- tent will be made as per CATION (to be filled	to the Offer Do stment option, pice, DO NOT f Auto Choice.	your funds will b ill up section be	be invested in Aut low relating to As	set Allocation. In ca	• ·		ions will be ignored
. ,	set Class	E (Cannot exceed 50%)	C	G	Total	Note:- The total allo	ocation across E, C	and G asset classe	
	%					application shall be		lank and/or does n	ot equal 100%, the
%       application shall be rejected.         11. DECLARATION BY SUBSCRIBER* ( Please refer to \$r no. 6 of the instructions )         Declaration & Authorization by all subscribers         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 redited to my account may be forfieled 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 close my PRAN in case I am found violating the provisions of any law relating to prevention of m									
						(* LT	I in case of male	and RTI in case	of female)
				ACK	OWLEDGEM	ENT			
Name of	the Subsc	riber:							
Contribu	tion Amour	t Remitted:	₹						
Date of F	Receipt of A	pplication and Contr	bution Amou	nt: d d	I m m I	у у у у			
			Stamp an	d Signature of	f the Employer/	PoP/Aggregator:			

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12.	DECLARATION BY EMPLOYER/POP/AG	GREGATOR				
			pplicable to Governm	ent Subscribers only		
	(Subscriber	s Employment De	etails to be filled and a	ttested by the Deptt. (All Detai		
	Date of Joining d d /	m m I y	у у у	Date of Retirement	d d I m m I y y y y	
	Employee Code/ID					
	Group of Employee (Tick as applicable)	Group A	Group B	Group C	Group D	
	Office					
	Department					
	Ministry					
	DDO Registration Number					
	DTO/PAO/CDDO/DTA/PrAO Registration	lumber		Basic Pay		
		Vulliber				
	Pay Scale					
	It is certified that the details provided in including the address and employment det	ails provided above	e are as per the service	record of the employee maintair	employed with us, ned by us. Also, it is further certified that he/she has	
	read entries/entries have been read over to	him/her by us and	d got confirmed by him/	her.		
	Signature of the Authorised person (In the box above)		amp of the DDO box above)	Signature of the Authorised p (In the box above)	erson Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)	
	Designation of the Authorised Person			Designation of the Authorise		
	Name of the DDO			Name of DTO/PAO/CDDO/DTA		
	Deptt/Ministry			Date d d / m m		
			Applicable to Corpora	to Subcoriboro only		
	(Subscrib		•• •	tested by Corporate (All Details a	are Mandatory))	
	Date of Joining d d /	m   m   /   y	vvv	Date of Retiremen	t   d   d   /   m   m   /   y   y   y   y	
	Employee ID					
	Corporate Regd. No Allotted by CRA			CBO No. allotted by Cl		
	Certified that the details provided in this sub	scriber registration	form by	CDO NO. allotted by Cl	employed with us, including	
	the employment details provided above are	as per the service	record of the employee	maintained by us. Also, it is furthe	er certified that he / she has read the entries / entries	
	have been read over to him / her by us and	I got confirmed by	him / her.			
			Date d d	I m m I y y y	y	
	Signature of the Authorized Person (In the box above)         Place         Rubber Stamp of the Corporate					
		n the box above)	Place		Rubber Stamp of the Corporate (In the box above)	
	Signature of the Authorized Person (I Designation of the Authorized Person:	n the box above)	Place			
	Designation of the Authorized Person:	,		Citizen Model or Corporate su	(In the box above)	
	Designation of the Authorized Person:	,		•	(In the box above)	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof	e filled by POP-SF	P (Only in case of All	POP-SP Regist	(In the box above)	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted       YES	e filled by POP-SF	P (Only in case of All	•	(In the box above)	
	Designation of the Authorized Person:      To b Receipt No. (17 digits) Document accepted for date of Birth Proof Copy of PAN card submitted YES Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/K	e filled by POP-SF	P (Only in case of All	Compliance YES NO	(In the box above)	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no	e filled by POP-SF	P (Only in case of All KYC C	Compliance YES NO	(In the box above)	
	Designation of the Authorized Person: To b Receipt No. (17 digits) Document accepted for date of Birth Proof Copy of PAN card submitted YES Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/K Bank account no for opening NPS account have been fully of is not a 'Basic Savings Bank Deposit Acco	e filled by POP-SF	P (Only in case of All KYC C	Compliance YES NO	(In the box above)	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:	e filled by POP-SF	P (Only in case of All KYC C	POP-SP Regist         Compliance       YES         NO         is an existing         h and KYC norms required for op         S. B. a/c of Sh/Smt/Kum	(In the box above)	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:	e filled by POP-SF	P (Only in case of All KYC C	POP-SP Regist	(In the box above)	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .	e filled by POP-SF	P (Only in case of All KYC C	POP-SP Regist	(In the box above)	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention	e filled by POP-SF	P (Only in case of All KYC C	POP-SP Regist	(In the box above)	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP	e filled by POP-SF	P (Only in case of All KYC C	POP-SP Regist	(In the box above)         bscribers)         ration Number         customer of the Bank having fully operative Saving being Bank Account which match the requirements	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal	e filled by POP-SF	P (Only in case of All KYC C	POP-SP Regist         Compliance       YES       NO	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal	e filled by POP-SF NO	P (Only in case of All KYC C	POP-SP Regist	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of is not a 'Basic Savings Bank Deposit Accoor         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NLL Certified that the subscriber is registered works)	e filled by POP-SF  Book of the original Book of th	P (Only in case of All KYC C branc further confirm that the al Aadhaar card are ma e of Authorized Signato Igregator (Only in case and he/she has opted t	POP-SP Regist         Compliance       YES       NO         Sompliance       YES       NO         is an existing       is an existing         h and KYC norms required for op       S. B. a/c of Sh/Smt/Kum         /Smt/Kum       is an existing         /Smt/Kum       Name:         Designation:       ry         Date       d       d         of NPS Lite/Swavalamban Sut       Declare that	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of is not a 'Basic Savings Bank Deposit Accoor         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NLL Certified that the subscriber is registered works)	e filled by POP-SF  Book of the original Book of th	P (Only in case of All KYC C branc further confirm that the al Aadhaar card are ma e of Authorized Signato Igregator (Only in case and he/she has opted t	POP-SP Regist         Compliance       YES       NO         Sompliance       YES       NO         is an existing       is an existing         h and KYC norms required for op       S. B. a/c of Sh/Smt/Kum         /Smt/Kum       is an existing         /Smt/Kum       Name:         Designation:       ry         Date       d       d         of NPS Lite/Swavalamban Sut       Declare that	(In the box above)     bscribers)   ration Number   ration Number   customer of the Bank having fully operative Saving beening Bank Account which match the requirements	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of is not a 'Basic Savings Bank Deposit Accoor         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NLL Certified that the subscriber is registered works)	e filled by POP-SF  Book of the original Book of th	P (Only in case of All KYC C branc further confirm that the al Aadhaar card are ma e of Authorized Signato Igregator (Only in case and he/she has opted t	POP-SP Regist         Compliance       YES       NO         Sompliance       YES       NO         is an existing       is an existing         h and KYC norms required for op       S. B. a/c of Sh/Smt/Kum         /Smt/Kum       is an existing         /Smt/Kum       Name:         Designation:       ry         Date       d       d         of NPS Lite/Swavalamban Sut       Declare that	(In the box above)         bscribers)         ration Number	
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	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of is not a 'Basic Savings Bank Deposit Accoor         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NLL Certified that the subscriber is registered works)	e filled by POP-SF	P (Only in case of All KYC C kryc C further confirm that the al Aadhaar card are ma e of Authorized Signato Igregator (Only in case and he/she has opted t	POP-SP Regist         Compliance       YES       NO	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NL         Certified that the subscriber is registered w         declaration has been signed /thumb impres	e filled by POP-SF	P (Only in case of All KYC C kryc C further confirm that the al Aadhaar card are ma e of Authorized Signato Igregator (Only in case and he/she has opted t	POP-SP Regist         Compliance       YES       NO	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NL         Certified that the subscriber is registered w         declaration has been signed /thumb impres         Signature of the Authorised	e filled by POP-SF NO NO NO NO NO Signature Signature Itaration by the Ag - AO) ith the aggregator a sed before me by person (In the box	P (Only in case of All KYC C KYC C further confirm that the al Aadhaar card are ma e of Authorized Signato Igregator (Only in case and he/she has opted t	POP-SP Regist         Compliance       YES       NO	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NLL         Certified that the subscriber is registered w         declaration has been signed /thumb impres         Signature of the Authorised         Name of the Aggregator	e filled by POP-SF NO NO NO NO Signature Signature No	P (Only in case of All KYC C KYC C further confirm that the al Aadhaar card are ma e of Authorized Signato Igregator (Only in case and he/she has opted t	POP-SP Regist Compliance YES NO Compliance Search of the search of	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NL         Certified that the subscriber is registered wideclaration has been signed /thumb impres         Signature of the Authorised         Name of the Aggregator         NPS Lite Account Office (NL-AO) Registration	e filled by POP-SF NO NO NO NO Signature Signature Raration by the Ag NO NO Number NO Number N N NUmber N N N N N N N N N N N N N N N N N N N	P (Only in case of All KYC C where the second secon	POP-SP Regist Compliance YES NO Compliance Service S	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NL         Certified that the subscriber is registered w         declaration has been signed /thumb impres         Signature of the Authorised         Name of the Aggregator         NPS Lite Account Office (NL-AO) Registrati         Membership No. allotted by Aggregator (if	e filled by POP-SF NO NO NO NO Signature Signature Itaration by the Ag - AO) ith the aggregator a sed before me by person (In the box on Number any) Date d	P (Only in case of All KYC C KYC C Market Additional further confirm that the se of Authorized Signato Igregator (Only in case and he/she has opted t	POP-SP Regist Compliance YES NO Compliance Service S	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NL         Certified that the subscriber is registered wideclaration has been signed /thumb impres         Signature of the Authorised         Name of the Aggregator         NPS Lite Account Office (NL-AO) Registrati         Membership No. allotted by Aggregator (if Place	e filled by POP-SF NO NO NO NO Signature Signature Itaration by the Ag - AO) ith the aggregator a sed before me by person (In the box on Number any) Date d	P (Only in case of All KYC C KYC C further confirm that the al Aadhaar card are ma e of Authorized Signato igregator (Only in case and he/she has opted t cabove)	POP-SP Regist Compliance YES NO Compliance Service S	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NL         Certified that the subscriber is registered wideclaration has been signed /thumb impress         Signature of the Authorised         Name of the Aggregator         NPS Lite Account Office (NL-AO) Registrati         Membership No. allotted by Aggregator (if         Place         Received by	e filled by POP-SF NO NO NO NO Signature Signature Itaration by the Ag - AO) ith the aggregator a sed before me by person (In the box on Number any) Date d	P (Only in case of All KYC C KYC C further confirm that the al Aadhaar card are ma e of Authorized Signato igregator (Only in case and he/she has opted t cabove)	POP-SP Regist Compliance YES NO Compliance Service of Sh/Smt/Kum Compliance Service of Sh/Smt/Service of Sh/Smt/Se	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         POP-SP Seal         POP-SP Seal         Dec         Authorisation by Aggregator's office (NL         Certified that the subscriber is registered w         declaration has been signed /thumb imprestion         Signature of the Authorised         Name of the Aggregator         NPS Lite Account Office (NL-AO) Registrati         Membership No. allotted by Aggregator (if         Place         Received by         Received at	e filled by POP-SF NO NO NO NO Signature Signature Itaration by the Ag - AO) ith the aggregator a sed before me by person (In the box on Number any) Date d	P (Only in case of All KYC C KYC C further confirm that the al Aadhaar card are ma e of Authorized Signato igregator (Only in case and he/she has opted t cabove)	POP-SP Regist Compliance YES NO Compliance Service of Sh/Smt/Kum Compliance Service of Sh/Smt/Service of Sh/Smt/Se	(In the box above)         bscribers)         ration Number	
	Designation of the Authorized Person:         To b         Receipt No. (17 digits)         Document accepted for date of Birth Proof         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/K         Bank account no         for opening NPS account have been fully of         is not a 'Basic Savings Bank Deposit Acco         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number .         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Dec         Authorisation by Aggregator's office (NL         Certified that the subscriber is registered wideclaration has been signed /thumb impress         Signature of the Authorised         Name of the Aggregator         NPS Lite Account Office (NL-AO) Registrati         Membership No. allotted by Aggregator (if         Place         Received by	e filled by POP-SF NO NO NO NO Signature Signature Itaration by the Ag - AO) ith the aggregator a sed before me by person (In the box on Number any) Date d	P (Only in case of All KYC C KYC C further confirm that the al Aadhaar card are ma e of Authorized Signato igregator (Only in case and he/she has opted t cabove)	POP-SP Regist Compliance YES NO Compliance Service of Sh/Smt/Kum Compliance Service of Sh/Smt/Service of Sh/Smt/Se	(In the box above)         bscribers)         ration Number	

## 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.npscra.nsdl.co.in

S.No	Item No.	Item Details	Instructions							
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.							
1	1	Father's Name	ii. F	f father's name has more than 30 digits, you may fill Annexur Father's name is mandatory. However, if applicant does not nother's name on Annexure II and the mother's name will be f the applicant wants mother's name to be printed instead of	t want printe	to provide father's name, he/she has an option to provide $\ensuremath{\mathbf{d}}$ on PRAN card				
			S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)				
				Passport issued by Government of India.	1	Passport issued by Government of India				
			2	Ration card with photograph.	2	Ration card with photograph and residential address				
			3			Bank Pass book or certificate with photograph and residential address				
			4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.				
			5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address				
			6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address				
			7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.				
		Identity, Correspondence &	8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly				
2	2, 3 & 4	Permanent address details	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address				
			10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government				
			11	Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.				
			12	Photo Identity Card issued by Defence, Paramilitary and Police departments.	12	Latest Electricity/water bill in the name of the Subscriber showing the address (less than 3 months old)				
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber showing the address (less than 3 months old)				
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)				
					15	Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation)				
			(ii) I	f the address on the document submitted for identity proof by he account opening form, the document may be accepted as f the address indicated on the document submitted for identi	s a val ty proo ined. nt, the	of differs from the current address mentioned in the account All future communications will be sent to correspondence n proof for both have to be submitted.				
		Other Details (Occupation Details)		RI subscriber would need to furnish an Indian address for con I be subject to regulatory requirements as prescribed by RBI		ication and bank details within India. Fund transfers by NRIs time to time and FEMA requirements.				
3	6	Politically Exposed Person	count		politio	been entrusted with prominent public functions in a foreign clans, senior government, judicial or military officials, senior g.				
4	7	Subscriber's Bank Details	Subs for di	ier I, bank details are optional. For activation of Tier II, bank de criber Name, Bank Account Number and IFS Code) or Bank rect credit or electronic transfer. In case if the cheque is not p certificate containing Name, Bank Account Number and IFS	Certifio preprir	ted with name, additionally, a copy of the bank passbook or				
5	8	Subscriber's Nomination Details	not b			nominees must be integer. Decimals/Fractional values shall all the nominees must be equal to 100. If sum of percentage				
6	12	Declaration by Subscriber		e nodal officer with the official seal and stamp. Left Thumb Ir		in the form. Thumb impression, if used, should be attested sion in case of male and Right Thumb Impression in case of				
				General Information for Subscribe	rs					

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.npscra.nsdl.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.

## ADDITIONAL REQUEST DETAILS

1.	Name of Father (required if na	ame	exce	eeds	30 c	chara	acter	s an	d not	able	e to b	e co	vere	d on	page	e 1 o	f the	app	licati	on fo	orm)						
	First Name																										
	Middle Name																										
	Last Name																										
2.	Name of Mother (required on	1:6	41																								
		iy if	the a	applic	cant	wan	ts mo	other	's na	ime t	o be	prin	ted i	nstea	d of	Fath	er's	nam	e on	PR/	AN C	Card)					
	First Name			applic	ant	wan	ts mo	other	's na	ame t	o be	prin	ted i	nstea	ad of	Fath	ier's	nam	e on	PR/	AN C	Card)					
						wan	ts mo	other	's na	ame t	o be	prin	ted in	nstea	ad of	Fath	ier's	nam	e on	PR/		Card)					

# 3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only. All the given below fields are mandatory.

	Subscriber's Full Name in Hindi	<b>Father/Mother's Full Name in Hindi</b> (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	<b>Date:</b> d d <i>I</i> m m <i>I</i> y y y y

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

### ADDITIONAL NOMINATION FORM

#### INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

١,	hereby nominate the person(s) mentioned below who is/are member(s)/
0	f my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name Middle Name Last Name	First Name	First Name         Middle Name         Last Name
2. Present Communication address of the nomin		
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee         d         I         m         m         I         y <th< td=""><td>2nd Nominee         d         d         I         m         m         I         y         <th< td=""><td>3rd Nominee         d         d         I         m         m         I         y         <th< td=""></th<></td></th<></td></th<>	2nd Nominee         d         d         I         m         m         I         y <th< td=""><td>3rd Nominee         d         d         I         m         m         I         y         <th< td=""></th<></td></th<>	3rd Nominee         d         d         I         m         m         I         y <th< td=""></th<>
4. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share:		
1st Nominee %	2nd Nominee %	3rd Nominee %
6. Nominee's Guardian Details (Only in case of a	minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name         Middle Name         Last Name	First Name         Middle Name         Last Name	First Name         Middle Name         Last Name
Dated this day of		nature/ Thumb Impression* of the Subscriber

\*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

TO BE	FILLED/ATTESTED BY DDO/POP-SP/NL-CC	
Certifie	d that the above declaration and nomination details has been signed /	
	after he / she have read the entries / entri	ies have been read over to him / her by me and got confirmed by him / her.
	Rubber Stamp of the DDO/POP-SP/NL-CC	Signature of the Authorised Person
	OP-SP/NL-CC Registration Number	Designation of the Authorised Person :
(7		DDO/POP-SP/NL-CC Office Name :
Date	d d I m m I y y y y	
TO BE	FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number
		(Allotted by CRA):
Dubke		
Rubbe	r Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	Signature of the Authorised Person