

CENTRAL RECORDKEEPING AGENCY

Points of Presence Service Providers (POP-SP) Registration Form

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Fields mark with \* are mandatory.)

POP-SP Registration Number : (To be allotted by CRA)

Grid for POP-SP Registration Number

Sir/Madam,

We hereby submit a request to be registered as a Point of Presence - Service Provider (POP-SP). The necessary details are provided below:

1. Name of the POP-SP \*:

Grid for Name of the POP-SP

2. POP Registration Number (Allotted by CRA)\*:

Grid for POP Registration Number

3. PFRDA Approval Date\*:

Grid for PFRDA Approval Date

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4. POP-SP Address \*:

Flat/Unit No, Block no. \*

Grid for Flat/Unit No, Block no.

Name of Premise/Building/Village

Grid for Name of Premise/Building/Village

Area/Locality/Taluka

Grid for Area/Locality/Taluka

District/Town/City \*

Grid for District/Town/City

State / Union Territory \*

Grid for State / Union Territory

Country \*

Grid for Country

Pin Code \*

Grid for Pin Code

5. Authorised Contact Person's Name & Designation \*:

Grid for Authorised Contact Person's Name & Designation

6. Phone No. \*:

Grid for Phone No.

STD Code

Phone Number

7. Alternate Phone No. :

Grid for Alternate Phone No.

STD Code

Phone Number

8. Fax No.:

Grid for Fax No.

STD Code

Phone Number

9. Email ID \*:

Grid for Email ID

(Email ID should be official Email ID)

10. Mobile No.:

Grid for Mobile No.

**11. POP-SP Bank Details\*:**

Type of Account\*: Savings A/c  Current A/c

Bank A/c Number \*

Bank Name\*

Bank Branch\*

Bank Branch Address\*

Pin Code\*

Bank MICR Code\*

Bank Branch IFSC                    (Indian Financial Systems Code)

We hereby agree and declare that the information supplied in the application, is complete and true.

AND we further agree that, we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in the application.

<b>POP-SP Seal</b>	<input style="width: 100%; height: 40px;" type="text"/>
	<b>Signature of Authorised Signatory</b>
	Name : _____ Place : _____ Designation : _____ Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Department : _____

**Authorization by POP:**

<b>POP Seal</b>	<input style="width: 100%; height: 40px;" type="text"/>
	<b>Signature of Authorised Signatory</b>
	Name : _____ Place : _____ Designation : _____ Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Department : _____

Following Documents to be submitted along with the form:

- Certified Copy of PFRDA Approval Letter.
- Form should be accompanied with the covering letter of POP duly signed by authorised signatory.
- Details of two Digital Signature Certificates (DSC) as per **Annexure UOS-N2-A**

**Please note that any change in the information provided should be intimated to CRA with proper authorization.**