NATIONAL PENSION Central Recordkeeping						-	-																F	OI	RN	<b>/</b> 1 [	_						
Please select your category [ Please tick(✓) ]		Co Al		al A tize	uto n N	non lode		s Bo	ody	,					Sta		Auto				Body	′						rece 3.5 c F	nt p		gra cm	siz	
To, National Pension System Trust. Dear Sir/Madam,			م دا ام				or th		a eti a	ulor			a a law																				
I hereby request that an NPS account be * indicates mandatory fields. Please fill the															fer ne	eneral	auide	elines	at ins	tructi	ons na	ne)				$\dashv$	—	—	—				
KYC Number, Retirement Adviser Cod																																	
KYC Number (if applicable)																	Ge	enera	ted :	from	Cen	tral K	YC	Re	gistr	у							
Retirement Adviser Code (If applicable)																																	
1. PERSONAL DETAILS: (Please	refe	r to	Sr. I	No.1	l of	the in	stru	ction	s)					_																			
Name of Applicant in full	_ 5	Shr	i	<u> </u>	_	Sı	nt.	<u> </u>	_		Κu	ımar	i _		1		_	_	_	_			_						_	_	_	_	_
First Name*		_		+	+	_	_	+	<u> </u>	_						<u> </u>	<u> </u>	+	+	+	+	+	+	_			$\vdash$	+	+	+	+	4	=
Middle Name		_		+	+	_	_	+	+	_						<u> </u>	<u> </u>	+	+	+	+	+	+	_			╄	┿	Ļ	+	+	+	=
Last Name		<u> </u>		+	+	_	+	+	+	_						<u> </u>	<del>                                     </del>	+	+	+	+	+	+	_			$\vdash$	+	+	+	+	_	=
Subscriber's Maiden Name (if any)	<u></u>		_	+	+		+	+	+	_				8.4					+	+	+	+	+	+		1	$\vdash$	+	+	+	+	+	$\dashv$
Father's Name* (Refer Sr. No. 1 of instructions)			ľ		S	Ţ								IVI		d	d		е							L	а	S	_ t				
Mother's Name*	F	l	r		S	t								M	i	d	d		е							L	а	S	t		T		
(Refer Sr. No. 1 of instructions) Father's name will be printed on PRAI	N car	d i	n car	20 0	noth.	ar'e n	amo	to bo	nrin	nted	inet	pad r	of fath	her'c	nor	ו אר	Dlean	se tir	k (-/														
Date of Birth*	d	u. i	II Cas	, II	n	m	/	/	y I	V	\/					-						rele	van	t do	cun	nent:	arv	proof	f)				
City of Birth*			-   /	+	- 1		+	7 .	1	J	y	]	ەد,			311	Juiu		- app	J. 10	J	- 516		. 40	Juil	.5110	y	J. 501	<del>'</del>	_	_		$\neg$
Country of Birth*				+	+	+	+	+	<u> </u>	+						$\frac{1}{1}$	+	+		+	+	+	$\frac{\perp}{\perp}$				₩	+	十	+	+	$\pm$	$\dashv$
Gender* [ Please tick (✓)]	Mal	L lo	$\vdash$			Fem	20	$\vdash$			tho	rs [	<u> </u>				Ns	ation	 ality	·/*			lr	ndia	n [	_							
Marital Status*	Mar		od L	7		Unm				U		othe					INC	atiOi	iaiit	y			11	lula	III [								
Spouse Name*	F		,		S	t			_					M	l i	d	d	П	е							L	а	S	Τt				
(Refer Sr. No. 1 of instructions)																																	
Residential Status*	Indi	ian	l																														
2. PROOF OF IDENTITY (Pol)* (	Any o	one	e of tl	he d	locu	ment	s ne	ed to	be	pro	vide	d alc	ong v	vith :	the i	dent	ificat	tion ı	านm	ber)													
Passport							Т	Т						Pa	assp	ort	Ехр	iry [	Date	<del></del>		d		d	/	m	m	1	У	У		/	У
Voter ID Card														P/	AN (	Carc	1																
Driving License														Dı	rivin	g Li	cen	se E	хрі	ry [	Date	d		d	/	m	m	/	У	У	)	/	У
NREGA JOB Card							$\perp$		4										_			_	_										
Others	Nar	me	of t	he	ID												D		N	l	ım	b		е	r	Pleas	se ref	fer Sr.	No. 2	of the	inst	ructio	ins.
UID (Aadhaar) (UID	OI[A	ad	lhaa	r] n	uml	oer n	ot r	equi	red	.)																							
As per the amendments made under Pre	eventi	ion	of Mo	nev-	Laur	derino	т (Ма	inten	ance	of F	Reco	rds) S	Secon	nd An	nendr	ment	Rules	s. 201	19. P	AN o	r Forr	n 60 i	s ma	anda	torv	unde	er NF	PS.If v	vou c	do no	t hav	e PA	N/
at present, please ensure that these det																			-,														
3. PROOF OF ADDRESS (PoA)  [ Please tick ( ✓ ), as applicable ]  #Not more than 2 months old.  Please refer Sr. No. 2 of the instructions	*					Cori Passp Card/l Regist Recei	ort /[ Ration tered ot	Drivino n Caro Leas	g Lico d/Oth e/Sal	ense ners le ag	/UID	(Aad	lhaar) of resid	dence	e/Mur	nicipa	l Tax		ob	Pass Card Regi Rece	I/Rationsterections	Drivin on Car I Leas	ig Li rd/O se/Sa	cens thers ale a	e/UI gree	D (A	t of re	ar)/Vo	nce/N	Munic	ipal 7	Гах	A Job
						mobile								.5.10	r will						ile] Bil												
4.1 CORRESPONDENCE ADDRI	ESS	D	ETA	ILS	*																												
Address Type*	Res	sid	entia	al/B	usir	ness			Res	ide	ntia	al [		Вι	usin	ess		R	egis	ster	ed C	Office	еГ		Un	ispe	ecifi	ed					
Flat/Room/Door/Block no.			Т		Т		Ť	_	Т										ındr			Т	Ť	┪		÷		Т	$\top$	_			
Premises/Building/Village			$^{+}$	$^{+}$	$^{+}$		$^{+}$	+	$\dagger$	$\forall$								T	T	T		$^{+}$	$^{+}$	$\dagger$			H	Ħ	十	+	$^{+}$	$\dagger$	=
Road/Street/Lane			$^{+}$	$^{+}$	$\dagger$	$\top$	$\mp$	$\pm$	$\dagger$	$\dashv$								+	t	+	$\pm$	$^{+}$	$^{+}$				H	$\pm$	十	$\dagger$	$^{+}$		=
Area/Locality/Taluk		H	+	$^{+}$	$^{+}$	+	$^{+}$	$^{+}$	$^{+}$	$\dashv$									T	$^{+}$	+	$^{+}$	$^{+}$	$\forall$				+	t		$^{+}$	$\dagger$	$\dashv$
City/Town/District			$\pm$	+	+	+	+	+	+	+									$^{+}$	+	$\pm$	+	PII	N C	ode			+	+	+	+	+	$\dashv$
State/U.T.		H	$^{+}$	$^{+}$	$^{+}$	+	$^{+}$	$^{+}$	$^{+}$	$\forall$									T	$^{+}$	+	$^{+}$	(		0	U	n	t	r	V	$^{+}$	$\dagger$	$\dashv$
			_	_		_	_	_	_											_	_							=	=	1 1			
4.2 PERMANENT ADDRESS DE	TAIL	₋S'	k .			T	ick (	✓) ir	the	bo:	x in	case	the	add	ress	is s	ame	as a	bov	e.													
Address Type*	Res	sid	entia	al/B	usir	ness	L		Res	ide	ntia	al		Вι	usin	ess		R	egis	ster	ed C	Office	e		Un	spe	ecifi	ed	L				
Flat/Room/Door/Block no.																		La	ndr	nar	k						L		Ļ				
Premises/Building/Village										$\Box$																		$\perp$					
Road/Street/Lane				Ι	Ι			Ι	Ι													Π	Ι	$\Box$									
Area/Locality/Taluk										T														T									
City/Town/District																							PII	V C	ode	9							
State/U.T.																							(	0	0	u	n	t	r	У			

\* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

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

In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
 In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).

3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will

Auto Choice

be made as per Auto Choice (LC 50).

(ii) INVESTMENT OPTION

Active Choice

Please note:

(	iii'	ACTIVE CHOICE - ASSET ALLOCATION	to be filled un	only	vin case v	you have selected '	'Active Choice	the investment o	option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class
Specify %					100%	A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.
Choices in Govt sector	Not available Available Not available			Not available	In case	of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only

#### Please note

Name of subscriber

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C, G and A 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.

# (iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)	Please Tick (✓)	Choices in Govt	
Funds	Only One	sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50		Available	3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercice Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 25		Available	

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):							
Section I*							
US Person* Yes No							
Section II*							
For the purposes of taxation, I am a resident in out below or I have indicated that a TIN/function	•	•	` ,	•			
Particulars		Country (1)	Country (2)	Country (3)			
Country/countries of tax residency							
	Address Line 1						
Address in the jurisdiction for Tax	City/Town/Village						
Residence	State						
	ZIP/Post Code						
Tax Identification Number (TIN)/Functional e	quivalent Number						
TIN/ Functional equivalent Number Issuing C	Country						
Validity of documentary evidence provided (Wh	nerever applicable)	dd I mm I yyyy	dd I mm I yyyy	dd I mm I yyyy			
"I certify that: a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, the correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.  c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of a confidential information for compliance with any law or regulation whether domestic or foreign.  d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh so certification along with documentary evidence, e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any author designated by the Government of India (GOI) /RBI//RDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period. f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trus							
Date d d / m m / y y y							
Place:		Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)					

1.5 CSKI								
12. DECLARATION BY SUBSCRIBER* ( Please refer to Sr no. 8 of the instruction	ne \							
Declaration & Authorization by all subscribers	15 )							
-	and hereby agree to the same along with the PERDA Act, regulations framed thereunder							
and declare that the information and documents furnished by me are true and correc Record Keeping Agency/National Pension System Trust, of any change in the abo	I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDAAct, regulations framed thereunder 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 website and view details) & T.PIN							
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 d d / m m / y y y y								
Place :								
	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)							
13. DECLARATION BY EMPLOYER								
Applicable to Governm	nent Subscribers only							
(Subscribers Employment Details to be filled and								
Date of Joining d d / m m / y y y y	Date of Retirement							
Employee Code/ID (If applicable)								
PPAN (If applicable)	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.							
Group of Employee (Tick as applicable) Group A Group	p B Group C Group D							
Office								
Department								
Ministry								
DDO Registration Number								
DTO/PAO/CDDO/DTA/PrAO Registration Number								
Basic Pay Pay Scale								
It is certified that the details provided in this subscriber registration form by	ce record of the employee maintained by us. Also, it is further certified that							
Signature of the Authorised person Rubber Stamp of the DDO	Signature of the Authorised person Rubber Stamp of the DTO/PAO/CDDO/							
(In the box above) (In the box above)	(In the box above) DTA/PrAO (In the box above)							
Designation of the Authorised Person	Designation of the Authorised Person							
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO							
Deptt/Ministry	Date d d / m m / y y y y							
14. DECLARATION BY EMPLOYER/ CORPORATE								
Applicable to Corpora								
(Subscribers Employment Details to be filled and a								
Date of Joining	Date of Retirement							
Corporate Regd. Number (CHO No.) Allotted by CRA								
CBO No. allotted by CRA								
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the employment entries / entries have been read over to him / her by us and got confirmed by	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							
Date d d / m m / y y y y	Place							
Signature of the Authorised person (In the box above)								
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)							

Applicable to NPS Lite Subscribers  Authorisation by Aggregator's office (NL - AO) Certified that the subscriber is religible to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed Ahumb impressed before me by	5. DECLARATION BY THE AGGREGA	ATOR			
Certified that the subscriber is registered with the aggregator and heishe has opted to join NPS. I hereby declare that the subscriber is eligible to join NPs and the above declaration has been signed rhumb impressed before me by		Applicable to NP	S Lite Subscribers		
and the above declaration has been signed /thumb impressed before me by	Authorisation by Aggregator's offic	e (NL - AO)			
Signature of the Authorised person (in the box above)  Signature of the Augregator In the box above)  Name of the Aggregator (in the box above)  NPS Lite Account Office (NL-AC) Registration Number  Name:  NPS Lite Account Office (NL-AC) Registration Number  NPS Lite Account Office (NL-AC) Registr	_			-	
Signature of the Authorised person (In the box above)  Name of the Aggregator   NPS Lite - Collection Centre (NL - CC) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number   Network of the Collection Centre (NL - CC) Registration Number   Network of the Collection Centre (NL - CC) Registration Number   Network of the Collection Centre (NL - CC) Registration Number   Network of the Collection Centre (NL - CC) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number		gned /thumb impressed before me b	oy	after (s)he	e has read the entries/ entries ha
Name of the Aggregator  NPS Lite Account Office (NL-AO) Registration Number    NPS Lite Account Office (NL-AO) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number	been read over to her/him by me.		T		
Name of the Aggregator  NPS Lite Account Office (NL-AO) Registration Number    NPS Lite Account Office (NL-AO) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number					
Name of the Aggregator  NPS Lite Account Office (NL-AO) Registration Number    NPS Lite Account Office (NL-AO) Registration Number   NPS Lite - Collection Centre (NL - CC) Registration Number					
NPS Lite Acount Office (NL-AC) Registration Number	Signature of the Authorised	person (In the box above)	Rubber St	amp of the Aggregate	or (In the box above)
Membership No. allotted by Aggregator (if any) Place Date Date Date Date Date Date Date Date	Name of the Aggregator				
Flace  Date  Date  On BE FILLED BY POP-SP  Receipt No. (17 digits)  Document accepted for date of Birth Proof:  Copy of PAN card submitted  YES NO KYC Compliance YES NO  Documents Received:  (Originals Verified) Self Certified  (Attested) True Copies  Identity Verification:  Done  Existing Customer:  I/we hereby certify/confirm that Shri/Sml/Kum is an existing KYC verified customer The above applicant is having an operative Ban Demat/Foliol account (specify nature of the account) having account number/client ID. maintained at. branch/offic  The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMI Relestive further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case Bank PoP)  To be filled by POP-SP  Name:  Designation:  Place:  POP-SP Seal  Signature of Authorized Signatory  Date  Orall Facilitation Centre (CRA-FC)]  Received at  Acknowledgement Number (by CRA-FC)	NPS Lite Account Office (NL-AO) Registrati	on Number           Ni	PS Lite - Collection Centre (NL	- CC) Registration Num	nber
Receipt No. (17 digits)  Document accepted for date of Birth Proof:  Copy of PAN card submitted  YES NO KYC Compliance YES NO  Documents Received:  (Originals Verified) Self Certified (Attested) True Copies  Identity Verification:  Done  Existing Customer:  Inve hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Ban Demat/Folior.  Account (specify nature of the account) having account number/client ID.  maintained at.  Branchoffic  The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMI RulesI/We further confirm that the Savings Bank arc of Shr/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case Bank PoP)  To be filled by POP-SP  Name:  Designation:  Place:  POP-SP Seal  Signature of Authorized Signatory  Date  To be filled by CRA - Facilitation Centre (CRA-FC)]  Received by  CRA-FC Registration Number  Acknowledgement Number (by CRA-FC)  PRAN Alloted  Acknowledgement Number (by CRA-FC)  Acknowledgement Number (by CRA-FC)  Acknowledgement Number (by CRA-FC)  PRAN Alloted	Membership No. allotted by Aggregator (if	iny)			
Receipt No. (17 digits)  Document accepted for date of Birth Proof:  Copy of PAN card submitted  YES NO KYC Compliance YES NO  Documents Received:  (Originals Verified) Self Certified (Attested) True Copies  Identity Verification:  Done  Existing Customer:  Inve hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Ban Demat/Folior.  Account (specify nature of the account) having account number/client ID.  maintained at.  Branchoffic  The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMI RulesI/We further confirm that the Savings Bank arc of Shr/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case Bank PoP)  To be filled by POP-SP  Name:  Designation:  Place:  POP-SP Seal  Signature of Authorized Signatory  Date  To be filled by CRA - Facilitation Centre (CRA-FC)]  Received by  CRA-FC Registration Number  Acknowledgement Number (by CRA-FC)  PRAN Alloted  Acknowledgement Number (by CRA-FC)  Acknowledgement Number (by CRA-FC)  Acknowledgement Number (by CRA-FC)  PRAN Alloted	Place	Date   d   d   /   m   m   /	v   v   v   v		
Receipt No. (17 digits)  Document accepted for date of Birth Proof:  Copy of PAN card submitted YES NO KYC Compliance YES NO  Documents Received: (Originals Verified) Self Certified (Attested) True Copies  Identity Verification:  Done  Existing Customer:  I/we hereby certify/confirm that Shri/Smrl/Kum			7   7   7   7		
Document accepted for date of Birth Proof:  Copy of PAN card submitted YES NO KYC Compliance YES NO  Documents Received: (Originals Verified) Self Certified (Attested) True Copies  Identity Verification: Done  Existing Customer:  I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Ban Demat/Folior account (specify nature of the account) having account number/client ID maintained at branch/offic  The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMI Rules/We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case Bank PoP)  To be filled by POP-SP  Name:  Designation: Place:  Designation: Place:  POP-SP Seal Signature of Authorized Signatory Date of Immorty you you will be acceived by CRA-FC Registration Number  Received by CRA-FC Registration Number  Acknowledgement Number (by CRA-FC)  PRAN Alloted  Acknowledgement Number (by CRA-FC)	6. TO BE FILLED BY POP-SP				
Document accepted for date of Birth Proof:  Copy of PAN card submitted  YES NO KYC Compliance YES NO  Documents Received:  (Originals Verified) Self Certified (Attested) True Copies  Identity Verification:  Done  Existing Customer:  I/we hereby certifylconfirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Bar Demat/Folio/ maintained at	Receipt No. (17 digits)		POP-SF	Registration Num	iber
Copy of PAN card submitted YES NO KYC Compliance YES NO Documents Received: (Originals Verified) Self Certified (Attested) True Copies  Identity Verification: Done  Existing Customer:  I/we hereby certify/confirm that Shri/Smt/Kum	Document accepted for date of Birth I	Proof:			
Documents Received: (Originals Verified) Self Certified (Attested) True Copies  Identity Verification: Done  Existing Customer:  I/we hereby certifyconfirm that Shri/Smt/Kum			WC Compliance 1/5/		
Identity Verification: Done  Existing Customer:  I/we hereby certify/confirm that Shri/Smt/Kum					
Existing Customer:  I/we hereby certify/confirm that Shri/Smt/Kum			(Allested) True Cop	ies	
I/we hereby certify/confirm that Shri/Smt/Kum		Done			
POP-SP Seal   Signature of Authorized Signatory   Date   d   d   f   m   m   f   y   y   y	Bank PoP)	rings Bank a/c of Sh/Smt/Kum		Savings Bank Dep	osit Account (applicable in case
[To be filled by CRA - Facilitation Centre (CRA-FC)]  Received by CRA-FC Registration Number  Date d d / m m / y y y  Acknowledgement Number (by CRA-FC)  PRAN Alloted  ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted: ₹			Designation	:	Place:
Received by CRA-FC Registration Number  Received at Date d d / m m / y y y  Acknowledgement Number (by CRA-FC)  PRAN Alloted  ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted: ₹	POP-SP Seal Signature of Authorized Signatory Date d d / m m / y y y y				
Received at  Date		[To be filled by CRA - Fac	cilitation Centre (CRA-F	-c)]	
Acknowledgement Number (by CRA-FC)  PRAN Alloted  ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:	Received by	CRA	-FC Registration Number		
PRAN Alloted  ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:  ₹	Received at			Date	d 1 m m 1 y y y
ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:	Acknowledgement Number /by CDA FO				
ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:	Acknowledgement Number (by CRA-PC)				
Name of the Subscriber:  Contribution Amount Remitted:  ₹	PRAN Alloted				
Name of the Subscriber:  Contribution Amount Remitted: ₹					
Contribution Amount Remitted: ₹	Name of the Outerallies	ACKNOWL	EDGEMENT		
Date of Receipt of Application and Contribution Amount:	Contribution Amount Remitted:	₹			
	Date of Receipt of Application and Co	ntribution Amount:	n m / y y y y		

Ver 1.5

### 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

In case, you mention the KYC number submission of proof for the same is necessary.

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
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.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office

Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted. The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

		riber's thumb's impress	er's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.									
S. No	Item No.	Item Details		Instructions								
		Personal Details	i. Th ii. Cu iii. Th	is Form is applicable only for Resident Indians. There is a sep rrently, Foreign Nationals / Other Country Individuals (OCI) ar e applicant shall mention father's name and mother's name ar	arate F nd Pers nd sha	Form for Non Resident Indians & Overseas Citizen of India. cons of Indian Origin (PIO) are not allowed to open PRAN. Il select the option to be printed on PRAN Card.						
		Spouse Name		ried, spouse name is mandatory.								
1	1	Father's Name		ther's name is mandatory. ather's name has more than 30 digits, you may fill Annexure II	for the	e same.						
		Mother's Name	i. Mo	other's name is mandatory  Mother's name has more than 30 digits, you may fill Annexure								
		Date of Birth	Pleas	e ensure that the date of birth matches as indicated in the doc	ument	provided in the support.						
			S.No		S.No							
			1	Passport issued by Government of India.	1	Passport issued by Government of India						
			3	Ration card with photograph.  Bank Pass book or certificate with Photograph.	3	Ration card with photograph and residential address  Bank Pass book or certificate with photograph and residential address						
			4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing 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.						
			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						
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Authority of India		Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address						
		Permanent address details	10	Job cards issued by NREGA duly signed by an officer of the State Government		Job cards issued by NREGA duly signed by an officer of the State Government						
2	2, 3 & 4		11	Identity card issued by Central/State government and its Departments, Statutory/ 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.		The identity card/document with address or letter of allotment of accomodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companises for their employees.Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.						
				Photo. Identity Card issued by Defence, Paramilitary and Police department's		Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)						
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)						
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)  Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)						
			op (ii) If t for & F (iii) Th	<ul> <li>(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.</li> <li>(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 &amp; Permanent address are different, then proof for both have to be submitted.</li> <li>(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)</li> <li>Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for</li> </ul>								
3	6	Politically Exposed Person	exam <sub>l</sub> owned	ole heads of state or of the government, senior politicians, sed corporations, important political party officials.	nior go	overnment, judicial or military officials, senior executives of state-						
4	7	Subscriber's Bank Details	contai Subso Name	ning Subscriber Name, Bank Name, Bank Account Number a riber name, a copy of bank passbook or bank statement or l , Bank Account No. and IFS Code should be submitted.	nd IFS bank c	ported by a documentary proof. Please attach a cancelled cheque Code. If cheque is not available or cheque is not preprinted with ertificate or letter from Bank mentioning Subscriber Name, Bank						
5	8	Subscriber's Nomination Details	ассер 100, е	ted in the nomination(s). Sum of percentage share across all tentire nomination will be rejected.	the nor	minees must be integer. Decimals/Fractional values shall not be ninees must be equal to 100. If sum of percentage is not equal to						
6	10	Pension Fund (PF) Selection and Investment Option	Actice the ch	: Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto (	Choice	ids and allocate their investments either in Asset Class'G' under' in case a Government employee/subscribers does not exercises 33 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI						
7	11	Declaration by subscriber on FATCA Compliance	Clarifi  Ju  for  Ta  iss  of  res	cation / Guidelines on filling details if applicant residence for ta risdiction(s) of Tax Residence: Since US taxes the global incon tax purpose in USA. x identification Number (TIN): TIN need not be reported if it ha sued a high integrity number with an equivalent level of identifithat type of number for individual include, a social security/insi sident registration number)	ne of its s not b cation urance	oses in jurisdiction(s) outside India scitizen, every US citizen of whatever nationality, is also a resident een issued by the jurisdiction. However, if the said jurisdiction has (a "Functional equivalent"), the same may be reported. Examples number, citizen/personal identification/services code/number and account Number (PAN) to be provided as Tax Identification Number (TIN)						
8	12	Declaration by	• In Ci	case applicant is declaring US person status as 'No' but hi tizenship should be provided or reasons for not having relinqu ture / Thumb impression should only be within the box provi	s/her ( ishmer ded in	Country of Birth is US, document evidencing Relinquishment of at certificate is to be provided the form. Thumb impression, if used, should be attested by the						
L	.2	Subscriber										

## **General Information for Subscribers**

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.

  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: 022-4090 4242 Address: Central Recordkeeping Agency (CRA) NSDL e-Governance Infrastructure Limited 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013

Ver 1.5 Annexure A to CSRF

## **Equity Allocation Matrix for Active Choice**

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

## Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.