NATIONAL PENSION	l S	YS	<b>ST</b> I	ΕM	(1)	IP:	S)	_ \$	SU	BS	CI	RIE	3E	RI	RE	GI	ST	R	ATI	OI	NI	FO	RI	VI	Г				_		$\overline{}$
Central Recordkeepi	ng /	Ag	enc	:у (	CR	A) -	- N	SD	Le	e-G	ove	rna	nc	e Ir	nfra	astr	uc	tur	e Li	mit	ted										
Please select your category [ Please tick(✓) ]				ovt. n Mo							Go orat		ecto	or [		]	N	IPS	Lite	(GE	OS)			]					colo		
To, National Pension System Trust. Dear Sir/Madam,																										3.5	m:	× 2.	raph 5 cm ort si	siz	e /
I hereby request that an NPS account be * indicates mandatory fields. Please fill t								•						fer ger	neral	guideli	nes a	ıt instr	uctions	page	e)				$\  \ $						
KYC Number, Retirement Adviser Co	de ar	nd S	pous	se Na	me f	fields	s are	not	app	lical	ole fo	or Go	overi	nmer	nt &	_						'O D	!-4		Į∟				_		
KYC Number (if applicable)  Retirement Adviser Code (If applicable	e)															Ger	nerai	ea 11	om C	entra	ai K.Y	CR	egisti	гу	Г						
1. PERSONAL DETAILS: (Please	e refe	er to	Sr. N	lo.1 c	of the	inst	ructi	ons)						-		-															
Name of Applicant in full First Name*		Shri	Ţ	]		Sm	t. [			Kı	ımaı	ri [													T		T	_	$\overline{}$		$\overline{}$
Middle Name																											T		$\dagger$		
Last Name																									Ī		İ				
Subscriber's Maiden Name (if any	')																								Ţ				$\perp$		
Father's Name* (Refer Sr. No. 1 of instructions)	F	i	r	S	t								M	i	d	d		е						L	.   a	S		t			
Mother's Name* (Refer Sr. No. 1 of instructions)	F	i	r	S	t								M	i	d	d		е						L		S		t	$\perp$		
Father's name will be printed on PRA  Date of Birth*		rd. Ir	case	Ť	1	nan	ne to	be p	rinte	d inst	tead o				-				)] orted l	_	alovo	nt c	loour	mor	ton	nroo	.£\				
City of Birth*	d	- a	1	m	m	/	У	У	<u>y</u>	<u>y</u>		(Da	lie o	I BII (I	SII	Jula	be s	uppo	lea	бу ге	eleva	arit C	locui	ner	itary	proo	) 	T	$\neg$	$\overline{}$	
Country of Birth*		+																							$\frac{\perp}{\parallel}$		$^{+}$	$\frac{1}{1}$	$\pm$	$^+$	
Gender* [ Please tick (✓) ]	Ма	le [			Fe	mal	le [		(	Othe	rs					Nat	tion	ality	*			ln-l	ndia	n [							_
Marital Status* Spouse Name*	Ma	rrie	d r	s	Ur	nma	rried	i _	] 		Othe	ers [	M	i	d	d		е						L	.   a	S		t	$\top$		
(Refer Sr. No. 1 of instructions) Residential Status*	Ind	ian													,		,											·			
2. PROOF OF IDENTITY (Pol)*	(Any	one	of th	e do	cume	ents i	need	to b	e pr	ovide	ed ald	ong v	with 1	the ic	lenti	fication	on n	umb	er)												
Passport																Expi					d	d	1	m	m	/	)	/ )	у	у	у
Voter ID Card													-	AN C															_		
Driving License NREGA JOB Card													Dı	rivino	g Lio	cens	e E	xpir	y Dat	te	d	d	/	m	m	/	)	/	У	У	У
Others	Na	me	of th	ne ID												D		Ν	U	m	b	е	r	Ple	ase re	fer Sr.	No.	2 of th	ne ins	tructio	ons.
UID (Aadhaar)																															
I hereby authorize CRA regist and authenticate my identity t (Targeted Delivery of Financia Aadhaar details (physical and inactive in NPS or the timefra provided, for the purpose of A As per the amendments made unde	al and d / or me d ladha	d oth digi lecid aar b	ner S tal, a led b asec	ubsic as the y PFI d auth	lies, cas RDA, nentid	Bene e ma the catio	efits aybe regu n is e	and ) sui ilatoi ensu	Serve bmits r of larged	vices ted fo NPS, by C	) Act, or av whic RA re	, 201 ailing cheve egiste	6 ar g ser er is ered	nd the vices later. with	e alli s und l ur PFF	ed ru der N nders RDA t	iles IPS tand till su	and will I tha ich t	regula be ma t Seci ime it	ation ainta urity is a	ns no nined and cting	tifie I in con I as	d the NPS fider CRA	till till ntial	inde the t ity o my	r. I ui fime t f pers NPS	nde the son acc	rstai acci al id coun	nd thount lentit	nat tl is n y da	he ot ta
If you do not have Aadhaar and / or																															INP3.
3. PROOF OF ADDRESS (PoA	)*						•				dres		\	ID	a and /h	UDEC	۸ اما		Perm						مالم ۵	\ /\ /		ID a	and/A	IDEO	Λ lab
[ Please tick (✓), as applicable ] #Not more than 3 months old.					Ca	rd/Ra	ition C	Card/0	Other	S	`		,		Jaru/i	NREG	A JOI		Passpo Card/Ra	ation (	Card/	Othe	rs					ט טו	aru/iv	IKEG	A J00
Please refer Sr. No. 2 of the instructions	6										ment o								Registe Latest												
4.1 CORRESPONDENCE ADDR	ESS	DE	ΕΤΑΙ	LS*																											
Address Type*	Re	side	entia	I/Bus	sine	ss		R	esid	entia	al		Вι	usine	ess		Re	egis	tered	Off	fice		Uı	nsp	ecif	ied					
Flat/Room/Door/Block no.				<u> </u>													Lar	ndm	ark						<u> </u>		_		4		
Premises/Building/Village		<u> </u>	<u> </u>																						+	+	+	+	+	_	
Road/Street/Lane Area/Locality/Taluk			<u> </u>	1																					+		+	+	+	_	=
City/Town/District			+																		P	PIN	Cod	e	$^{+}$			+	$\dagger$		=
State/U.T.																						С	0	u	n	t		r į	у		
4.2 PERMANENT ADDRESS DE	TAII	LS*				Tic	k (✓)	) in t	he b	ox in	case	e the	add	ress	is sa	ame a	as al	bove	).												
Address Type*	Re	side	entia	l/Bus	sine	ss		R	esid	entia	al		Вι	usine	ess		Re	egis	tered	Off	fice		Uı	nsp	ecif	ied					
Flat/Room/Door/Block no.	L																Lar	ndm	ark						Ļ	<u> </u>		ļ	_[		_
Premises/Building/Village			<u> </u>																						+		<u> </u>	+	$\downarrow$	_	=
Road/Street/Lane Area/Locality/Taluk	H	<u> </u>	<u> </u>																						+	+	+	+	+	+	$\dashv$
City/Town/District		<u> </u>	<del>                                     </del>																	<u> </u>	F	PΙΝ	Cod	e	+		$\frac{\perp}{1}$	+	+	$\frac{\perp}{\uparrow}$	$\dashv$
State/U.T.		İ	İ						Ħ	İ									П			С	0	u	n	t		r j	У	_	
t.																								_			_				

5.	CONT	ACT DETAILS																	
	Tel. (Off	) (with STD code)	+								Tel. (Re	s): (with	n STD co	de)	+				
	Mobile <sup>2</sup>	(Mandatory)	+	9 1							(Mobile	e Numb	er is red	quire	d for c	ommun	ication and to	get SI	MS alerts)
	Email I	D																	
6.	OTHE	R DETAILS ( Ple	ase rei	fer to S	Srno 3	of the ir	netructio	ine )											
0.		cupation Details					istructio	// / / / / / / / / / / / / / / / / / /											
	,	Private Sector			blic Sec	_	Gov	ernmei	nt Se	ctor _	Profe	ssional							
		Self Employed	t	Hoı	memak	er _	Stud	dent			Other	s (Plea	se Spe	cify)					
	▶ Inc	ome Range (pe	r annu	ım)	Upto 1	lac 🗌	1 lac	to 5 lac			5 lac	o 10 la	ac	_ 1	0 lac	to 25 la	ac 🗌 25 la	ic and	d above $\  \  \  \  \  \  \  \  \  \  \  \  \ $
	▶ Edi	ucational Qualifi	cation		Below S				HS		Gradu						Professionals (	CA, C	S, CMA, etc.)
	▶ Ple	ase Tick If Appli	cable		Politica	lly exp	osed p	erson	Ш	R	elated to	Politic	cally exp	ose	Pers	on 📙	(Please ref	er ins	struction no.3)
7.	SUBS	CRIBER BANK	DETA	ILS*	( Please	refer to	Sr no.	4 of the	instru	ctions)									
	(All the	bank details are	mand	latory	except	MICR	Code.	.)											
		t Type [ please t	ick(√)	]	Sav	ings A	/c		Cur	rent A	c				1 1				
		c Number												+					
	Bank Na			Ļ	<del>     </del>				Ш					<u> </u>	$\perp$			<u> </u>	
	Branch			L															
	Branch .	Address												<u> </u>	<u> </u>	F	PIN Code		
								Sta	ate/U	.Т.				<u> </u>			C o u i	n t	ry
	Bank M	ICR Code		<u>_</u>						I	FS Cod	е							
8.	SUBSC	CRIBERS NOMI	NATIO	DN D	ETAILS	* (Plea	ise refer	to Sr. N	lo . 5 d	of the in	struction	s)							
	Name o	f the Nominee (	You car	n nomi	nate up	to a ma	ximum (	of 3 nom	ninees	and if y	ou desire	so plea	se fill in A	Annex	ure III	Addition	al Nomination F	orm) p	provided separately)
		Firs	t Nam	е						Middle	Name						Last Nan	ne	
			<u> </u>	$\perp \perp$															
	Relationship with the Nominee Date of Birth (In case of Minor)																		
	Nominee's Guardian Details (in case of a minor)																		
	First Name Middle Name Last Name																		
		PTION DETAIL						1	<b></b>										
		ike to subscribe								′ •			in Annex		ا اماما	CC:	DOD/DOD CD -	£	ahaina. Tha list of DOD/
1		rendering services				-					nnexure	510) to ti	ne associa	ated N	iodai O	nice or to	0 202/202-25 0	r your	choice. The list of POP/
	l would l	ike my PRAN to I	oe prin	ited in	Hindi	,	YES	NO [	] If Y	es, plea	ise subn	nit deta	ils on Ar	nexu	ıre II				
10.	PENSI	ON FUND (PF)	SELE	CTIO	N AND	INVE	STMEN	NT OPT	TION*	( Pleas	e refer to	Sr no.	6 of the i	nstru	ctions	)			
		ISION FUND S															sion Funds:		
		Government Sec (a) LIC Pension F													ines is	sued by	the Governmen	it:	
		All Citizen Model			٠,					. ,					r their	choice ir	the table below	٧.	
		Corporate Model: NPS Lite: NPS Li																mploy	er.
	٦.	Name of							i iias c		Tick (		инсти ор				the Pension F	unds	
		LIC Pension Fun						,,											
		SBI Pension Fun	ds Priv	/ate Li	mited								ailable to vernmen						
		UTI Retirement S	Solution	ns Lim	ited							- 8	Sector						
		ICICI Prudential	Pensio	n Fun	ds Mana	gemen	t Compa	any Limi	ted						Avail	able to	Available to		Available to
		Kotak Mahindra	Pensio	n Func	d Limited	i						1				Lite	Citizen Mo		Corporate Model*
		Reliance Capital	Pensic	on Fun	d Limite	d													
		HDFC Pension N	/lanage	ement	Compan	y Limite	ed					1							
		Birla Sunlife Pen	sion Ma	anage	ment Lir	nited						1							
		* Selection of Pens	ion Fun	ıd is m	andatory	both in	Active ar	nd Auto (	Choice	·.									
	(ii) INV	ESTMENT OPT	ION																
	(Plea	ase Tick (✓) in the	box giv	ven be	low sho	wing yo	our inves	stment o	ption)										
		ve Choice	] A	uto Ch	oice														
		se note: In case you select	t Active	: Choic	ce fill up	section	(iii) belo	ow and i	if you :	select A	uto Choi	ce fill up	section	(iv) be	elow.				
	2.	In case you do no	t indica	ate any	, investn	nent op	tion, you	ur funds	will be	e invest	ed in Auto	Choice	e (LC 50)	).					arania e e e e e e e e e e e e e e e e e e e
		In case you have be made as per A				e and f	ııı up se	ction (iii)	) belov	v relatin	g to Asse	t Alloca	ition, the	Asse	Alloca	ition ins	ructions will be	ignore	ed and investment will

(	(iii)	<b>ACTIVE CHOICE - ASSET ALLOCATION</b>	(to be filled ui	only	v in case vo	ou have selected '	Active Choice	e' the investment of	otion)

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.

## 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.

11. DECLARATION ON FATCA\* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

Life Cycle (LC)Funds	Please Tick (✓) Only One	
LC 75		Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 50		2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 25		

Section I*				
US Person* Yes No				
Section II*				
For the purposes of taxation, I am a resident ir 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 ed	quivalent Number			
TIN/ Functional equivalent Number Issuing C	Country			
Validity of documentary evidence provided (Wh	erever applicable)	dd I mm I yyyy	dd I mm I yyyy	dd I mm I yyyy
<ul> <li>a) It shall be my responsibility to educate myswith the Rules 114F to 114H of the Income rules,</li> <li>b) the information provided by me in the Fornbelief, true, correct and complete and that I a Reportable account or otherwise.</li> <li>c) I permit/authorise the NPS Trust to collect, Trust and any of NPS intermediaries where India of any confidential information for cord I undertake the responsibility to declare a provided in the Form, its supporting Annext provide fresh self-certification along with does I also agree that in case of my failure to disauthority designated by the Government of the NPS Trust if the deficiency is not remed I hereby accept and acknowledge that the N domain for confirming the information proving I also agree to furnish such information an India or abroad in the subject matter hereinh) I shall indemnify NPS Trust for any loss that</li> </ul>	e tax Rules, 1962 the action of the tax Rules, 1962 the notation, its supporting Aniphave not withheld a store, communicate ver situated including including the notation of the tax and disclose within 3 tures as well as in the ocumentary evidence close any material for India (GOI) /RBI/IR died by me within the NPS Trust shall have ided by me to the NI d/or documents as in.	nexures as well as in the any material information to and process information to and process information and process information and process information and sharing, transfer and down or regulation whether all days from the date of the documentary evidence are, act known to me, now or RDA/PFRDA for the purpose stipulated period. The the right and authority to PS Trust the NPS Trust may required.	ation provided in the Form is in a e documentary evidence are, to that may affect the assessment/ca relating to the Account and all tra lisclosure between them and to the domestic or foreign. I change, any changes that may provided by me or if any certificat in future, the NPS Trust may repose or take any other action as more occurry out investigations from the ire from time to time on account	take place in the information becomes incorrect and to any regulator and/or any lay be deemed appropriate by information available in public of any change in law either in
Date dd/mm//yyyy	у			
Place :			Signature/Thumb Impression	* of Subscriber in black ink

12. DECLARATION BY SUBSCRIBER* ( Please refer to Sr no. 8 of the instruction	ns)
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	and hereby agree to the same along with the PFRDAAct, regulations framed thereunder t, to the best of my knowledge and belief. I undertake to inform immediately the Central ve information furnished by me. I do not hold any pre-existing account under NPS. I
	on or documents.  CRA, from time to time and any amendment thereof as approved by PFRDA, whether nd by the terms and conditions for the usage of I-PIN (to access CRA website and view
details) & T-PIN.	
	m legally declared and assessed sources of income. I understand that NPS Trust has t authorities. I further agree that NPS Trust has the right to close my PRAN in case I am
Date dd/mm//yyyyy	
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	ent Subscribers only
(Subscribers Employment Details to be filled and	attested by the Deptt. (All Details are Mandatory)
Date of Joining	Date of Retirement
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you intend
PPAN (If applicable)	to provide, mention any one.
Group of Employee (Tick as applicable) Group A Group	D 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 the address and employment details provided above are as per the service he/she has read entries/entries have been read over to him/her by us and	e record of the employee maintained by us. Also, it is further certified that
Signature of the Authorised person Rubber Stamp of the DDO (In the box above) (In the box above)	Signature of the Authorised person Rubber Stamp of the DTO/PAO/CDDO/ (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	ate Subscribers only
(Subscribers Employment Details to be filled and a	ttested by Corporate (All Details are Mandatory))
Date of Joining	Date of Retirement dd l/m m/l/y y y y
Employee Code/ID	
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 have been read over to him / her by us and got confirmed by	
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 - AC)  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 Ni and the above doctaration has been signed Ahumb impressed before me by	5. DECLARATION BY THE AGGREGATOR												
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 Ni and the above declaration has been signed rhumb impressed before me by		Applicable to NP	S Lite Sub	scribers									
and the above declaration has been signed //humb impressed before me by	Authorisation by Aggregator's office (NL - AO)												
Name of the Aggregator  NPS Lite Account Office (NL-AC) Registration Number  NPS Lite Account Office (NL-AC) Registration Number  Membership No. altotted by Aggregator (if any)  Place  Date   Date	and the above declaration has been signed /thumb impr			•		•					-	-	
Name of the Aggregator  NPS Lite Account Office (NL-AD) Registration Number  Documents Received:  (Originals Verifice) Self Certified  (Attested) True Copies  British Country (Original)  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  POP-SP Registration Number  Received:  (Originals Verifice) Self Certified  (Attested) True Copies  Identity Verification:  Done  Existing Bank Customer:  Inve hereby certifyconfirm that Snri/Smt/Kum  Is an existing customer of the Bank having fully operate Saving Bank account no													
NPS Lite Account Office (NL-AC) Registration Number	Signature of the Authorised person (In the box	above)		Rubb	ber Star	np of the	e Aggreg	gator (Ir	n the b	ox abo	ve)		
Membership No. allotted by Aggregator (if any) Place Date Date Date Date Date Date Date Date	Name of the Aggregator												
Flace  Date	NPS Lite Account Office (NL-AO) Registration Number	NF	PS Lite - Colle	ction Centr	re (NL - 0	CC) Regi	stration N	Number					
Receipt No. (17 digits)  Document accepted for date of Birth Proof:  Copy of PAN card submitted YES NO KYC Compliance YES NO  Documents Received:  Identity Verification:  Done  Existing Bank Customer:  Inve hereby certify/confirm that Shri/Smt/Kum	Membership No. allotted by Aggregator (if any)												
Receipt No. (17 digits)  Document accepted for date of Birth Proof:  Copy of PAN card submitted YES NO KYC Compilance YES NO  Documents Received: (Originals Verified) Self Certified (Attested) True Copies  Identity Verification: Done  Existing Bank Customer:  Inve hereby certify/confirm that Shri/Smt/Kum is an existing customer of the Bank having fully operate Saving Bank account no. Basic Saving Bank account no. Basic Saving Bank Account in Saving Bank account no. Basic Savings Bank Deposit Account with 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. In an address of the Saving Bank Account in the saving fully operated for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum. In an address mentioned on the original Aadhaar Number of Sh/Smt/Kum. In the original Aadhaar Number original Aadhaar card are matching with that mentioned on NPS application form.  To be filled by POP-SP    Name:   Designation: Place:	Place Date d d	1   m   m   1	у   у   у	у		_							
Receipt No. (17 digits)  Document accepted for date of Birth Proof:  Copy of PAN card submitted YES NO KYC Compilance YES NO  Documents Received: (Originals Verified) Self Certified (Attested) True Copies  Identity Verification: Done  Existing Bank Customer:  Inve hereby certify/confirm that Shri/Smt/Kum is an existing customer of the Bank having fully operate Saving Bank account no. Basic Saving Bank account no. Basic Saving Bank Account in Saving Bank account no. Basic Savings Bank Deposit Account with 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. In an address of the Saving Bank Account in the saving fully operated for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum. In an address mentioned on the original Aadhaar Number of Sh/Smt/Kum. In the original Aadhaar Number original Aadhaar card are matching with that mentioned on NPS application form.  To be filled by POP-SP    Name:   Designation: Place:	6 TO BE FILLED BY DOD-SD												
Document accepted for date of Birth Proof:  Copy of PAN card submitted  YES NO KYC Compliance  VES NO  Documents Received:  (Originals Verificed) Self Certified  (Attested) True Copies  Identity Verification:  Done  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Kum  Saving Bank Account no  Bank Bank Account no  Bank Bank Account no  Bank Bank Account no  Bank Bank Account no  Bank Bank Bank Bank Bank Bank Bank Bank	0. TO BE FILLED BY FOR-SP			_									
Copy of PAN card submitted YES NO KYC Compliance YES NO Documents Received: (Originals Verified) Self Certified (Attested) True Copies    Identity Verification : Done	Receipt No. (17 digits)			РО	P-SP I	Registra	ation N	umber					
Documents Received: (Originals Verified) Self Certified (Attested) True Copies  Identity Verification: Done  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Kum	Document accepted for date of Birth Proof:												
Identity Verification:  Existing Bank Customer:  I/we hereby certify/confirm that Shif/Smt/Kum	Copy of PAN card submitted YES NO	ŀ	(YC Compl	iance	YES	N	0						
Existing Bank Customer:    I/we hereby certify/confirm that Shri/Smt/Kum													
I/we hereby certify/confirm that Shri/Smt/Kum	Identity Verification : Done												
Designation: Place:	I/we hereby certify that Aadhaar Numberand address mentioned on the original Aadhaar card a			ed on NI	PS app			ha	s bee	n che	cked	and th	e na
POP-SP Seal  Signature of Authorized Signatory  Date  d d 7 m m 7 y y y y   [To be filled by CRA - Facilitation Centre (CRA-FC)]  Received by  CRA-FC Registration Number  Date  d d 7 m m 7 y y y  Acknowledgement Number (by CRA-FC)  PRAN Alloted  ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:				Name:	:								
[To be filled by CRA - Facilitation Centre (CRA-FC)]  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: ₹				Desigr	nation:					Place	<b>)</b> :		
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 Signatu	e of Authorized Signa	atory	Date	d	d /	m n	n /	у	/ У	У		
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:													
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:													
Received at  Date	[To be f	lled by CRA - Fac	ilitation C	entre (C	RA-FC	<b>:</b> )]							
Acknowledgement Number (by CRA-FC)  PRAN Alloted  ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:  ₹	Received by	CRA-	FC Registra	tion Numb	oer								
Acknowledgement Number (by CRA-FC)  PRAN Alloted  ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:  ₹	Paceived at					Da	to [	d d	T , I	m m	1,	V V	- V
ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:	TOOCHEU at					υa		u u	/	ar   10		у У	У
ACKNOWLEDGEMENT  Name of the Subscriber:  Contribution Amount Remitted:	Acknowledgement Number (by CRA-FC)												
Name of the Subscriber:  Contribution Amount Remitted: ₹	PRAN Alloted												
Contribution Amount Remitted: ₹		ACKNOWL	EDGEMEN	iT									
	Name of the Subscriber:												
Date of Receipt of Application and Contribution Amount:	Contribution Amount Remitted: ₹												
	Date of Receipt of Application and Contribution Amount	: d d / n	n m /	у у \	уу								

Stamp and Signature of the Employer/PoP:

## 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.
- 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.

(g)				ould be verified by the designated officer of POP-SP / Nodal C		<del></del>						
S. No	Item No.	Item Details		Instructions								
		Personal Details	ii. Cu iii. Th	is Form is applicable to Resident Indians and there is a separ rrently, Foreign Nationals / Other Country Individuals (OCI) are e applicant shall mention father's name and mother's name a	nd Pers	sons of Indian Origin (PIO) are not allowed to open PRAN.						
		Spouse Name		ried, spouse name is mandatory.								
1	1	Father's Name	ii. If f	ther's name is mandatory. ather's name has more than 30 digits, you may fill Annexure I	for the	e same.						
		Mother's Name		other's name is mandatory Mother's name has more than 30 digits, you may fill Annexure	II for th	ne same.						
		Date of Birth		e ensure that the date of birth matches as indicated in the doc								
			S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)						
			1	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	1 0 1								
			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		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,	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						
		Correspondence & Permanent address	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								
2	2.3 & 4	details	10	State Government State Government								
	2, 3 & 4		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.		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 department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and 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 / Claimant and 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)						
			op (ii) If t for & (iii) Th	ening form, the document may be accepted as a valid proof on the address indicated on the document submitted for identity prom, a separate proof of address should be obtained. All future concepted address are different, then proof for both have to be KYC documents may be submitted within a period of 30 days.	f both i proof d mmuni e subn s after	iffers from the current address mentioned in the account opening ications will be sent to correspondence address. If correspondence nitted.  generation of PRAN. (Only for Government Subscribers)						
3	6	Politically Exposed Person	exam			entrusted with prominent public functions in a foreign country, for 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 briber name, a copy of bank passbook or bank statement or , Bank Account Number 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, є	ted in the nomination(s). Sum of percentage share across all entire nomination will be rejected.		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	Subso	ed by default PFs as per the guidelines issued by the Govern	ment.	e the investment option. As mentioned, your contribution will be						
7	11	Declaration by subscriber on FATCA Compliance	Clarifi Ju for Ta iss of re: Nu In Ci	cation / Guidelines on filling details if applicant residence for tarisdiction(s) of Tax Residence: Since US taxes the global inconication purpose in USA.  x identification Number (TIN): TIN need not be reported if it has used a high integrity number with an equivalent level of identifithat type of number for individual include, a social security/insisident registration number) applicant residence for tax purpose in jurisdiction(s) within Indiamber (TIN) case applicant is declaring US person status as 'No' but his tizenship should be provided or reasons for not having relinques.	ax purp ne of its s not be cation urance a, Perm s/her ( ishmer	s citizen, 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 nanent Account Number (PAN) to be provided as Tax Identification. Country of Birth is US, document evidencing Relinquishment of at certificate is to be provided						
8	12	Declaration by Subscriber	desigi			the form. Thumb impression, if used, should be attested by the stamp. Left Thumb Impression in case of males and Right Thumb						

## **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. For more information / clarifications, contact CRA:

Website: <a href="https://www.npscra.nsdl.co.in">https://www.npscra.nsdl.co.in</a> Call: 022-4090 4242

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 1.3 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.