## **NATIONAL PENSION SYSTEM (NPS)**

SUBSCRIBER REGISTRATION FORM Affix Please Select your Category [ Please tick( $\sqrt{}$ )] recent colour photograph **Government Sector Corporate Sector** Tο 3.5 cm X 2.5 cm NPS Lite/Swavalamban **All Citizen Model** National Pension System Trust. size Dear Sir/Madam, I hereby request that an NPS account be opened in my name as per the particulars given below: \* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page) **PERSONAL DETAILS:** Name of Applicant in full Shri \_\_\_ Smt. Kumari First Name\* Middle Name Last Name d / m m / Date of Birth\* У (Date of Birth should be supported by relevant documentary proof) Gender [Please tick ( $\sqrt{}$ )] Male \_ Female \_\_\_ Others \_\_\_ M i d d I e Father's Name\* (Refer Sr. No. 1 of instructions) 2. IDENTITY DETAILS\* (Any one of the documents need to be provided) PAN Aadhaar Voter ID Others Name of the ID Passport 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. **PERMANENT ADDRESS DETAILS** Tick  $(\sqrt{})$  in the box in case the address is same as above. Flat/Room/Door/Block no. Landmark Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District PIN Code State/U.T. Proof of Address (Correspondence/Permanent) Aadhar card 🔲 Passport 🔲 Voter ID card 🔲 Driving License 🔲 Ration Card 🔲 Registered Lease 🔲 Sale agreement of residence 🖂 Latest Gas Bill# Electricity Bill\* Telephone[Landline] Bill\* Others (please specify) \*Not more than 3 months old. Please refer Sr. No. 2 of the instructions 5. CONTACT DETAILS Landline Phone (with STD Code) Mobile + Do you want to subscribe to SMS Alerts: Yes No 🗌 Mobile number is essential for receiving sms alerts regarding your NPS account OTHER DETAILS ( Please refer to Sr no. 3 of the instructions ) Occupation Details [please tick( $\sqrt{}$ )] Private Sector Government Sector Public Sector Business Professional Agriculture \_\_\_ NRI Homemaker Student Other (please specify) Please Tick If Applicable Politically exposed person Related to Politically exposed Person Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above **Educational Qualifications** Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.) SUBSCRIBER BANK DETAILS ( Please refer to Sr no. 4 of the instructions ) Account Type [ please tick( $\sqrt{}$ )] Saving A/c Current A/c Bank A/c Number Bank Name Branch Name **Branch Address** PIN Code Bank MICR Code IFSC Code

Nominee Name    F   i   r   s   t	so please fill in An								
Relationship with the Nominee Date of Nominee's Guardian Details (in case of a minor)		SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)  Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)							
Nominee's Guardian Details (in case of a minor)									
Nominee's Guardian Details (in case of a minor)									
Nominee's Guardian First   Middle		L a s t							
NPS OPTION DETAILS (Please tick ( $$ ) as applicable)									
		n Annexure I. (Tier II	account is not avail	lable for NPS Lite/					
	oan subscribers).								
would like my PRAN to be printed in Hindi YES NO If Yes, pleas	se submit details o	on Annexure II							
PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*									
<ul> <li>i) PENSION FUND SELECTION (Tier I): The names of the all PFs are mentice subscribers with following conditions:         <ul> <li>(i) Government Sector: For Government Subscribers, the following PFs act as default (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement</li> <li>(ii) NPS Lite/Swavalamban: NPS Lite Swavalamban is a group choice model where subscribers under All Citizen model has the option to choose the</li> <li>(iv) Corporate Model: Subscribers shall have the option to choose the available PFs as per</li> </ul> </li> </ul>	PFs as per the gui ent Solutions Ltd. scriber has a choic available PFs as p	idelines issued by th ce of PF and investm per their choice in th	ne Government: nent option as availa e table below.	ble with Aggregato					
Name of the Pension Fund Please Tick (√)		Availability of the	he Pension Funds						
LIC Pension Fund Limited	A	-							
SBI Pension Funds Private Limited	Available to Government								
UTI Retirement Solutions Limited	Sector								
ICICI Prudential Pension Funds Management Company Limited		Available to NPS Lite/	Available to All	Available to Corporate					
Kotak Mahindra Pension Fund Limited	+	Swavalamban	Citizen Model*	Model*					
Reliance Capital Pension Fund Limited	+								
HDFC Pension Management Company Limited	-								
* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do n	ont indicate a choice	of PF please note th	at it is deemed that w	ou have consented					
				ons will be ignored					
11	lote:- The total allo	ocation across E, C allocation is left bl	on) and G asset classe	s must be equal to					
Asset Class E (Cannot exceed 50%) C G Total N	lote:- The total allo	ocation across E, C allocation is left bl	on) and G asset classe	s must be equal t					
Asset Class   E	lote:- The total allo	ocation across E, C allocation is left bl	on) and G asset classe	s must be equal t					
Asset Class E (Cannot exceed 50%) C G Total N all	lote:- The total allo 00%. In case, the pplication shall be by agree to the same diately the Central t under NPS. I under	pocation across E, C allocation is left blurejected.  The and declare that the ral Record Keeping plerstand that I shall blur any amendment the state of the range of the rang	and G asset classes ank and/or does not the information and dagency/National Perior fully liable for subsereof as approved by	s must be equal to tequal 100%, the december of the second					
Asset Class    E	lote:- The total allo 00%. In case, the pplication shall be by agree to the same diadely the Central tunder NPS. I und in time to time and terms and condition	pocation across E, C e allocation is left blurejected.  The and declare that the ral Record Keeping plerstand that I shall be any amendment the standard for the usage of I writeria for assistance.	and G asset classe ank and/or does not the information and d Agency/National Pere fully liable for subtereof as approved the prin (to access CRA) a under the scheme.	s must be equal to the equal to the equal 100%, the equal 100%, the equal 100% and the equal to the equal tof					
Asset Class   E (Cannot exceed 50%)   C   G   Total   N   N   N   N   N   N   N   N   N	olote:- The total allo 00%. In case, the pplication shall be by agree to the sam nediately the Central t under NPS. I und in time to time and terms and condition scribed eligibility c 0/-, failing which the	pocation across E, C e allocation is left blurejected.  The and declare that it all Record Keeping allerstand that I shall but any amendment thous for the usage of I eriteria for assistance as Central Government of the control of t	and G asset classe ank and/or does no he information and d Agency/National Pere fully liable for sub ereof as approved begin (to access CRA) erunder the scheme ent contribution creeme. I understand that	s must be equal to tequal 100%, the decuments furnishing in System Trumission of any falso by PFRDA, whethe NNPSCAN and view to the dited to my account the NPS Trust has the system of					
Asset Class    Cannot exceed 50%   C	olote:- The total allo 00%. In case, the pplication shall be by agree to the sam nediately the Central t under NPS. I und in time to time and terms and condition scribed eligibility c 0/-, failing which the	pocation across E, C e allocation is left blurejected.  The and declare that it all Record Keeping allerstand that I shall but any amendment thous for the usage of I eriteria for assistance as Central Government of the control of t	and G asset classe ank and/or does no he information and d Agency/National Pere fully liable for sub ereof as approved begin (to access CRA) erunder the scheme ent contribution creeme. I understand that	s must be equal to tequal 100%, the decuments furnishinsion System Trumission of any fall by PFRDA, whethe NNPSCAN and view.  I also undertake dited to my accounts the NPS Trust has to the tequal to					
Asset Class    E	olote:- The total allo 00%. In case, the pplication shall be by agree to the sam nediately the Central t under NPS. I und in time to time and terms and condition scribed eligibility c 0/-, failing which the	pocation across E, C e allocation is left blurejected.  The and declare that it all Record Keeping allerstand that I shall but any amendment thous for the usage of I eriteria for assistance as Central Government of the control of t	and G asset classe ank and/or does no he information and d Agency/National Pere fully liable for sub ereof as approved begin (to access CRA) erunder the scheme ent contribution creeme. I understand that	s must be equal to tot equal 100%, the documents furnishe nsion System Trus mission of any fals by PFRDA, wheth NNPSCAN and view. I also undertake dited to my account the NPS Trust has the system of the new trust of the new tru					
Asset Class   E	olote:- The total allo 00%. In case, the pplication shall be by agree to the same tediately the Central tunder NPS. I under the tunder sand conditions and conditions scribed eligibility color, failing which the celared and assess. I further agree the Signature	pocation across E, C e allocation is left blurejected.  The and declare that it all Record Keeping allerstand that I shall but any amendment thous for the usage of I eriteria for assistance as Central Government of the control of t	and G asset classe ank and/or does not ank and/or does not ank and/or does not ank and/or does not ank and dependent and depende	s must be equal to tequal 100%, the documents furnishension System Trusmission of any false by PFRDA, wheth WNPSCAN and view of the dited to my accountant NPS Trust has the PRAN in case I and the dited to my accountant NPS Trust has the PRAN in case I and the dited to my accountant NPS Trust has the PRAN in case I and the present the presen					
Asset Class   E	olote:- The total allo 00%. In case, the pplication shall be by agree to the same lediately the Central tunder NPS. I under the tunder sand conditions of the contract of the	pocation across E, C a allocation is left blurejected.  The and declare that the rejected is a least of the rejected is a least of the rejected is a least of the usage of the rejected is a least of the usage of the central Government in the rejected is a least of the usage of the central Government is a least of the usage of the rejected is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the usag	and G asset classe ank and/or does not ank and/or does not ank and/or does not ank and/or does not ank and dependent and depende	s must be equal to tequal 100%, the locuments furnisher in System Trusmission of any false by PFRDA, whether NNPSCAN and view of the locuments furnished it also undertaked dited to my accounts at NPS Trust has the PRAN in case I also undertaked in the locuments of the locuments					
Asset Class   E	olote:- The total allo 00%. In case, the pplication shall be by agree to the same lediately the Central tunder NPS. I under the tunder sand conditions of the contract of the	pocation across E, C a allocation is left blurejected.  The and declare that the rejected is a least of the rejected is a least of the rejected is a least of the usage of the rejected is a least of the usage of the central Government in the rejected is a least of the usage of the central Government is a least of the usage of the rejected is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the usag	and G asset classe ank and/or does not ank and/or does not ank and/or does not ank and/or does not ank and dependent and depende	s must be equal to tequal 100%, the distribution of any false by PFRDA, whethe WNPSCAN and view of the distribution of any false by PFRDA, whethe WNPSCAN and view of the distribution of any false by PFRDA, whethe WNPSCAN and view of the distribution of any false by PFRDA, whether where the distribution of any false by PFRDA, whether where the distribution of the d					
Asset Class   E	olote:- The total allo 00%. In case, the pplication shall be by agree to the same lediately the Central tunder NPS. I under the tunder sand conditions of the contract of the	pocation across E, C a allocation is left blurejected.  The and declare that the rejected is a least of the rejected is a least of the rejected is a least of the usage of the rejected is a least of the usage of the central Government in the rejected is a least of the usage of the central Government is a least of the usage of the rejected is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the usag	and G asset classe ank and/or does not ank and/or does not ank and/or does not ank and/or does not ank and dependent and depende	documents furnished nation System Trust mission of any false by PFRDA, whethey NPSCAN and view of the dited to my account NPS Trust has the PRAN in case I are in black ink					
Asset Class   E	olote:- The total allo 00%. In case, the pplication shall be by agree to the same lediately the Central tunder NPS. I under the tunder sand conditions of the contract of the	pocation across E, C a allocation is left blurejected.  The and declare that the rejected is a least of the rejected is a least of the rejected is a least of the usage of the rejected is a least of the usage of the central Government in the rejected is a least of the usage of the central Government is a least of the usage of the rejected is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the usag	and G asset classe ank and/or does not ank and/or does not ank and/or does not ank and/or does not ank and dependent and depende	s must be equal to tequal 100%, the locuments furnisher in System Trusmission of any false by PFRDA, whether NNPSCAN and view of the locuments furnished it also undertaked dited to my accounts at NPS Trust has the PRAN in case I also undertaked in the locuments of the locuments					
Asset Class   E   Cannot exceed 50%   C   G   Total   N   N   N   N   N   N   N   N   N	olote:- The total allo 00%. In case, the pplication shall be by agree to the same lediately the Central tunder NPS. I under the tunder sand conditions of the contract of the	pocation across E, C a allocation is left blurejected.  The and declare that the rejected is a least of the rejected is a least of the rejected is a least of the usage of the rejected is a least of the usage of the central Government in the rejected is a least of the usage of the central Government is a least of the usage of the rejected is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the central Government is a least of the usage of the usag	and G asset classe ank and/or does not ank and/or does not ank and/or does not ank and/or does not ank and dependent and depende	s must be equal to tequal 100%, the locuments furnisher in System Trusmission of any false by PFRDA, whether NNPSCAN and view of the locuments furnished it also undertaked dited to my accounts at NPS Trust has the PRAN in case I also undertaked in the locuments of the locuments					

including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she ha read entries/entries have been read over to him/her by us and got confirmed by him/her.		REGATOR							
Date of Authorised person Dispersioned Dispersion Number Dron/Accordance of Properties of Dispersioned Dispersion Number Dron/Accordance of Dispersioned Dispersion Number Dron/Accordance of Dispersioned Dispersion Number Dron/Accordance of Dispersioned									
Employee (Tick) as applicable) Corup A	•			2,					
Group of Employee (Tick as applicable)  Group B Group C Group D Comparement  Ministry  Ministry  Dispersion Number  DTOPAO(CDDO) TXPYAO Registration Number  TOPAO(CDDO) TXPYAO Registration for this substration registration for the Number via via registration via			Date of Retirement	u r m m r y y y y					
Department    Department   Depa	. ,	Croup A Croup P	Croup C Crow	n D .					
Department Ministry Department Ministry Department DioPapolitaDerAD Registration Number DIOPapolitaDerAD Registration Number DIOPapolitaDerAD Registration Number DIOPapolitaDerAD Registration Number Psy Scale It is centified that the details provided in this aubsorber registration form by employee maintained by us. Also, it is further centrified and health have been read over to himilinar by us and got confirmed by himiline.  Signature of the Authorised person Resher Stemp of the DIO Department of the Authorised Person Name of the DIO Department Resher Stemp of the DIO Department of the Authorised Person Name of the DIO Department Resher Stemp of the DIO Department of the Authorised Person Name of the DIO Department of the Authorised Person Name of the DIO Department of the Authorised Person Name of the DIO Department of the Authorised Person Name of the DIO Department of the Authorised Person Name of the DIO Department of the Authorised Person Name of the DIO Department of the Authorised Person Name of the DIO Department of the Authorised Person Department of the DIO Department of the Authorised Person Department of the Authorised Person To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers) Department of the Authorised Person To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers) Department of the Authorised Person To be filled by POP-SP (Only in case of NPS Line Sussembler of the Bank having tuly operative Science of State of State o		Gloup A Gloup B [		p D					
## Basic Pay    DOD Registration Number									
DOO Registration Number  DTOPANCEDODTAPFACA Registration Number  Prop Scale  It is certified that the debts procided in this subscriber registration from by employee with a minimum plant of the procided in this subscriber registration from by employee maintained by us. Also, it is further certified must heims he read entires entires have been read over to him/her by us and got confirmed by him/her.  Signature of the Authorised person  Rubber Stamp of the DOO  (in the bix above)  Designation of the Authorised Person  Name of DIOPANCEDDOTAPFAC  Replicable to Corporate Subscribers only  Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Jim Milly y y  Applicable to Corporate Subscribers only  Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Jim Milly y y  Date of Referement  Signature of the Authorised Person  Name of DIOPANCEDDOTAPFAC  Corporate Regi. No Alloted by CRA  CBD No. allotted by CRA									
DTOPRACCODO/DTAPAO Registration Number Pay Scale  It is certified that the details provided in this subscriber registration form by including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that health including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that health including the address and employment details provided in the box above).  Signature of the Authorised person (in the box above).  Designation of the Authorised Person Name of the DOO Name of	,								
Pay Scale It is certified that the details provided in this subscriber registration form by									
This periodic that the details provided in this subscriber registration from by immediating the additional provided and one are as port the service record of the employee maintained by us. Also, it is further certified that howhith his read entires/entires have been read over to him/her by us and got confirmed by him/her.  Signature of the Authorised person  (in the lax deves)  (in t	DTO/PAO/CDDO/DTA/PrAO Registration No	umber	Basic Pay						
including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that health he read others desired over to him her by us and got confirmed by him/her.  Signature of the Authorised person (in the box above)  Rubber Samp of the DOD (in the box above)  OTAPFAO (in the box above)  OTAPFAO (in the box above)  OTAPFAO (in the box above)  Designation of the Authorised Person  Name of the DACOCDODITAFAO  Designation of the Authorised Person  Name of the DACOCDODITAFAO  Designation of the Authorised Person  Name of the DACOCDODITAFAO  Date of Johns of the Authorised Person  Applicable to Corporate Subscribers only  (Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Johns of DACOCDODITAFAO  Date of Johns of the Authorised Person  (Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Johns of DACOCDODITAFAO  Date of Johns of DACOCDODITAFAO  Corporate Regd. No Allotted by CRA  Conflied but the details provided above are ape of the service secured of the employee maintained by us. Also, it is further certified that he/she has read the entiries / entire have been read over to him? her by us and got continued by him her.  Signature of the Authorized Person (in the box above)  To be filled by PDP.SP (Only in case of All Citizen Model or Corporate subscribers)  PDP-SP Registration Number  To be filled by PDP.SP (Only in case of All Citizen Model or Corporate subscribers)  PDP-SP Registration Number  To be filled by PDP.SP (Only in case of All Citizen Model or Corporate subscribers)  PDP-SP Registration Number  To be filled by PDP.SP (Only in case of All Citizen Model or Corporate subscribers)  PDP-SP Registration Number  To be filled by PDP.SP (Only in case of All Citizen Model or Corporate subscribers)  PDP-SP Registration Number  To be filled by PDP.SP (Only in case of All Citizen Model or Corporate subscribers)  PDP-SP Regist	Pay Scale								
Signature of the Authorized person  Rubber Stamp of the DDO  In the box stores)  Designation of the Authorized person  Name of the DDO  Signature of the Authorized person  Name of the DDO  Depthinistry  Date of Joining  Applicable to Corporate Subscribers only  (Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Joining  Employee ID  Corporate Rogol. No Albitted by CRA  CEO No allotted by CRA  Signature of the Authorized Person  Rubber Stamp of the DDO  Date of Joining  Employee ID  Carporate Rogol. No Albitted by CRA  CEO No allotted by CRA			e record of the employee maintained by	employed with us					
(In the box above)									
(In the box above)									
(In the box above)									
Designation of the Authorised Person Name of the DDD Name of DTO/PAD/CDD/DTA/PrAO Date  Applicable to Corporate Subscribers only (Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatony)) Date of Joining  d d / m m / / y y y y Date of Joining Da				Rubber Stamp of the DTO/PAO/CDDO/					
Name of the DDO DeptMinistry Date of JOPAN CODDO/DTA/PrAO Date of J own my / y y y  Applicable to Corporate Subscribers only  (Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Joining  Applicable to Corporate Subscribers only  (Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of All Details are Mandatory))  Date of Regd. No Allotted by CRA  Certified that the details provided owner are sper the service record of the employee maintained by USA. Also, it is further certified that the rishe has read the entries / entrie have been read over to him / her by us and got confirmed by him / her.  Signature of the Authorized Person (In the box above)  Place  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  POP-SP Registration Number  Document accepted for date of Birth Proof:  Copy of PAN card submitted  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  POP-SP Registration Number  Document accepted for date of Birth Proof:  Copy of PAN card submitted  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  POP-SP Registration Number  Document accepted for date of Birth Proof:  Copy of PAN card submitted  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  POP-SP Registration Number  In a existing gustomer of the Bank having fully operative Savin In a set account or common sequired for opening Bank Account which match the requirement for opening NPS account have been fully completed with. We further confirm that the S. B. als of Sin/SmtKum.  In an existing quistomer of the Bank having fully operative Savin In a set all proofs of popining Bank Account which match the requirement for opening Bank Account which match the requ		(iii tile box above)	,						
Applicable to Corporate Subscribers only (Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Joining  d d / m m / y y y Date of Reterment  Employee ID  Corporate Regd. No Allotted by CRA  CBO No. allotted by CBO RA	Name of the DDO		3						
(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Johning  Employee ID  Corporate Regd. No Allotted by CRA  Certified that the details provided in this subscriber registration from by  employeed that the details provided show are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.  Date  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  In a existing customer of the Bank having fully operative Savin to expensive Savings Sank Deposit Account.  Existing Bank Customer  To be filled by POP-SP  Designation of the Authorized Signatory on the corporate Savings Sank Deposit Account which match the requirement for opening NPS associum have been fully compiled with. We further confirm that the S. B. a'c of Shysmitkum.  To be filled by POP-SP  Designation of the Authorized Signatory on the Aggregator of the Bank having fully operative Savin Shark Mumber  Declaration by the Aggregator of Mumber Aggregator on the entires of the Entire	Deptt/Ministry		Date   d   d   /   m   m   /   y	y					
(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))  Date of Joining  Employee ID  Corporate Regd. No Allotted by CRA  Certified that the details provided on this subscriber registration form by  employeed that the details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entrie have been read over to him / her by us and got confirmed by him / her.  Date  To be filled by PDP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  To be filled by Corporate account no for opening NS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smit/Krum  Bank account no for opening NS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smit/Krum  In a Basic Savings Bank (Deposit Account of the adultion service)  POP-SP Seal  Signature of Authorized Signatory  Of Sh/Smit/Krum  Designation of the Authorized Signatory  Designation of the Authorized Signatory  Achieve hereby certify that Aadhaar Number  Designation of the Authorized Signatory  Designation form.  POP-SP Registration form.  Achieve hereby certify that Aadhaar Number  Designation of the Authorized Person:  Received by POP-SP  Robber Stamp of the Corporate subscriber is eligible to join NIPS and the above declaration has been signed /thumb impressed before me by		Applicable to Corners	ta Subscribers only						
Employee ID Corporate Regd. No Allotted by CRA Certified that the details provided in this subscriber registration form by the employment details provided in this subscriber registration form by the employment details provided above are as pet this service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.    Signature of the Authorized Person:	(Subscribe		•	datory))					
Corporate Regd. No Allotted by CRA  Certified that the details provided in this subscriber registration form by  employed with us, includint the employened details provided on the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.  Date  Date  Date  Date  Rubber Stamp of the Corporate (In the box above)  Place  Rubber Stamp of the Corporate (In the box above)  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  Document accepted for date of Birth Proof:  Copy of PAN card submitted  YES  NO  KYC Compliance YES  NO  KYC Compliance YES  NO  KYC Compliance YES  NO	Date of Joining ddd/	m   m   1   y   y   y   y	Date of Retirement	d d / m m / y y y					
Certified that the details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.    Date	Employee ID								
Certified that the details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries/ entries have been read over to him / her by us and got continued by him / her.    Date	Corporate Regd. No Allotted by CRA		CBO No. allotted by CRA						
the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entrie have been read over to him / her by us and got confirmed by him / her.    Date		scriber registration form by		employed with us, includin					
Signature of the Authorized Person (in the box above)  Place  Rubber Stamp of the Corporate (in the box above)  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  POP-SP Registration Number  Document accepted for date of Birth Proof: Copy of PAN card submitted  YES NO KYC Compliance YES NO  Existing Bank Customer:  Whe hereby certifyconfirm that Shri/Smt/Kum  Bank account no. To pening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum.  Alhaar Based KYC Certificate:  I/we hereby certify that Adahaar Number  To be filled by POP-SP  Signature of Authorized Signatory  Declaration by the Aggregator of the application form.  Declaration by the Aggregator of Authorized Signatory  Declaration by the Aggregator of Authorized Signatory  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Received by  CRA-FC Registration Number  Date d d / m m / y y y y			e maintained by us. Also, it is further certifi	ed that he / she has read the entries / entrie					
Signature of the Authorized Person (In the box above)  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  Document accepted for date of Birth Proof:  Copy of PAN card submitted  YES NO KYC Compliance YES NO Service Stating Seak Customer:  I/we hereby certify/confirm that Shri/Smt/Kum is an existing gank Account which match the requirement for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account'  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number of Sh/Smt/Kum Service Savings Bank Deposit Account'  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number of Sh/Smt/Kum Service Savings Bank Deposit Account'  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number of Sh/Smt/Kum Service Savings Bank Deposit Account'  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number of Sh/Smt/Kum Service Savings Bank Deposit Account'  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number of Sh/Smt/Kum Service Savings Bank Deposit Account'  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number of Sh/Smt/Kum Service Savings Bank Deposit Account'  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number of Sh/Smt/Kum Service Savings Bank Deposit Account'  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number of Sh/Smt/Kum Service Savings Bank Account Which match the requirement for opening Bank Account which match the savings that the subscriber is eligible to for MPS at the Sh/Smt/Kum Service Saving Bank Account which match the requirement for opening Bank Account which match the requirement for opening Bank Account which match the requirement for opening Bank Accoun	nave been read over to min / her by us and	J 1 1							
Signature of the Authorized Person:  To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  POP-SP Registration Number  Document accepted for date of Birth Proof: Copy of PAN card submitted YES NO KYC Compliance YES NO Sank Account which match the requirement for opening NPS account have been fully complied with. We further confirm that the S. B. at of Sh/Smt/Kum Is an existing customer of the Bank having fully operative Savin son at Passe Savings Bank Deposit Account.  Adhaar Based KYC Cortificate: Inve hereby certify that Aachaar Number  To be filled by POP-SP  Name:  POP-SP Seal  Signature of Authorized Signatory  Declaration by the Aggregator (Only in case of NPS Lite/Swavalamban Subscribers)  Authorisation by Aggregator's office (NL-AO)  Signature of the Authorised person (In the box above)  Name:  Possignation 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  Nembership No. allotted by Aggregator (if any)  Place  Date d d / m m / y y y y  Received by  Received by  CRA-FC Registration Number  Date d d / m m / y y y y		Date d d							
To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)  Receipt No. (17 digits)  Document accepted for date of Birth Proof:  Copy of PAN card submitted YES NO KYC Compliance YES NO  Existing Bank Customer:  Whe hereby certify confirm that Shri/Smt/kum is an existing customer of the Bank having fully operative Savin Bank account no to opening PS account have been fully complied with. We further confirm that the S. B. alc of Sh/Smt/kum is an existing customer of the Bank having fully operative Savin Bank account no at branch and KYC norms required for opening Bank Account which match the requirement for opening PS account have been fully complied with. We further confirm that the S. B. alc of Sh/Smt/kum is not a 'Basic Savings Bank Depost Account.'  Adhaar Based KYC Certificate:  Inve hereby certify that Aadhaar Number of Sh/Smt/kum.  To be filled by POP-SP  Declaration by the Aggregator of Sh/Smt/kum.  Designation:  Place:  POP-SP Seal Signature of Authorized Signatory Date d d / m m / y y y y  Declaration by Aggregator's office (NL - AO)  Designation:  Place:  POP-SP Seal Signature of Authorized Signatory Date d d / m m / y y y y  Authorisation by Aggregator's office (NL - AO)  Existing Aggregator of the Authorised person (In the box above)  Name:  Signature of the Authorised person (In the box above)  Name of the Aggregator  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite Account Office (NL - AO) Registration Number  NPS Lite	Signature of the Authorized Person (Ir	the box above) Place	-	Pubbar Stamp of the Corporate					
Receipt No. (17 digits)  POP-SP Registration Number  Document accepted for date of Birth Proof.  Copy of PAN card submitted YES NO KYC Compliance YES NO Sexisting Bank Customer:  Iwe hereby certify/confirm that Shri/Smt/Kum  at branch and KYC norms required for opening Bank Account which match the requirement for opening NPS account have been fully completed with. We further confirm that the S. B. a/c of Shr/Smt/Kum  is not a 'Basic Savings Bank Deposit Account.'  Adhaar Based KYC Certificate:  Iwe hereby certify that Aachaar Number  checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.  POP-SP Seal  Signature of Authorized Signatory  Declaration by the Aggregator's office (NL - AO)  Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by		the box above)							
Receipt No. (17 digits)  POP-SP Registration Number  Document accepted for date of Birth Proof.  Copy of PAN card submitted YES NO KYC Compliance YES NO SISSINIAN Customer:  Iwe hereby certify/confirm that Shri/Smt/Kum  Bank account no at branch and KYC norms required for opening Bank Account which match the requirement for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum  Is not a 'Basic Savings Bank Deposit Account.'  Adhaar Based KYC Certificate:  We hereby certify that Adhadara Number  Obeclaration by the Aggregator of the Bank having fully operative Savins and KyC norms required for opening Bank Account which match the requirement for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum  Is not a 'Basic Savings Bank Deposit Account.'  Adhaar Based KYC Certificate:  We hereby certify that Adadaara Number  Obeclaration by the Aggregator of Authorized Signatory  Declaration by the Aggregator of Only in case of NPS Lite/Swavalamban Subscribers  Authorisation by Aggregator's office (NL - AO)  Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by	Toba	filled by DOD CD (Only in coop of All	Citizen Madel or Cornerate subscribe	are l					
Document accepted for date of Birth Proof:  Copy of PAN card submitted YES NO KYC Compliance YES NO  Existing Bank Customer:  We hereby certify/confirm that Shri/Smt/Kum  To be filled by POP-SP  Declaration by the Aggregator of Authorized Signatory  Declaration 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 registered with the aggregator of the Authorised person (in the box above)  Name of the Aggregator (if any)  Place  Date d d / m m / y y y y  To be filled by Aggregator (if any)  Place  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  Date d d / m m / y y y y  Declaration Number  Date d d / m m / y y y y  Date d d / m m / y y y y  Declaration Number  CRA-FC Registration Number  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y  Date d d d / m m / y y y y		illied by FOF-SF (Only ill case of All							
Copy of PAN card submitted YES NO KYC Compliance YES NO Existing Bank Customer:  We hereby certify/confirm that Shri/Smt/Kum	Receipt No. (17 digits)		POP-SP Redistration in						
Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Kum	Document accepted for date of Rirth Proof:		POP-SP Registration in	Number					
Bank account no		NO KYC		Aumbei					
for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account'.  Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number	Copy of PAN card submitted YES Existing Bank Customer:		Compliance YES NO						
Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku	m	Compliance YES NO No	er of the Bank having fully operative Savir					
checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.    Name:   Designation: Place:	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrand	Compliance YES NO	er of the Bank having fully operative Savir					
To be filled by POP-SP    Name:	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrand	Compliance YES NO	er of the Bank having fully operative Savin					
Designation: Place:  POP-SP Seal Signature of Authorized Signatory Date d d / m m / y y y y  Declaration by the Aggregator (Only in case of NPS Lite/Swavalamban Subscribers)  Authorisation by Aggregator's office (NL - AO) Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrand omplied with. We further confirm that the nt'of S	Compliance YES NO sis an existing custom the and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum	er of the Bank having fully operative Savir Bank Account which match the requiremen					
Declaration by the Aggregator (Only in case of NPS Lite/Swavalamban Subscribers)  Authorisation by Aggregator's office (NL - AO)  Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrand omplied with. We further confirm that the nt'of S	Compliance YES NO san existing custom the and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum h/Smt/Kum	er of the Bank having fully operative Savir Bank Account which match the requiremen					
Declaration by the Aggregator (Only in case of NPS Lite/Swavalamban Subscribers)  Authorisation by Aggregator's office (NL - AO) Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrand omplied with. We further confirm that the nt'of S	Compliance YES NO san existing custom the and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum h/Smt/Kum	er of the Bank having fully operative Savir Bank Account which match the requiremen					
Authorisation by Aggregator's office (NL - AO)  Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrand omplied with. We further confirm that the nt'of S	Compliance YES NO Section NO Section NO NO Section NO Section NO NO Section N	er of the Bank having fully operative Savir Bank Account which match the requiremen has bee cation form.					
Authorisation by Aggregator's office (NL - AO)  Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrand  mmplied with. We further confirm that the nt'of S  ned on the original Aadhaar card are ma	Compliance YES NO san existing custom is an existing custom sh and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum h/Smt/Kum	er of the Bank having fully operative Saving Sank Account which match the requiremen					
Agregator    NPS Lite Account Office (NL-AO) Registration Number    Membership No. allotted by Aggregator (if any)    Place    Date    CRA-FC Registration Number    Date    D	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	mat	Compliance YES NO is an existing custom shand KYC norms required for opening ES. B. a/c of Sh/Smt/Kum No	er of the Bank having fully operative Savir Bank Account which match the requirement has been been been been been been been bee					
Signature of the Authorised person (In the box above)  Rubber Stamp of the Aggregator (In the box above)  Name of the Aggregator  NPS Lite - Collection Centre (NL - CC) Registration Number  Membership No. allotted by Aggregator (if any)  Place  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no for opening NPS account have been fully co is not a 'Basic Savings Bank Deposit Account 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  Declar  Authorisation by Aggregator's office (NL-	matbrance complied with. We further confirm that the nt'.  of Somed on the original Aadhaar card are many signature of Authorized Signator  aration by the Aggregator (Only in case-AO)	is an existing custom the and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum	er of the Bank having fully operative Savir Bank Account which match the requirement has been cation form.  Place:    Total Control of the Bank having fully operative Savir Bank Account which match the requirement has been cation form.					
Name of the Aggregator  NPS Lite Account Office (NL-AO) Registration Number  Membership No. allotted by Aggregator (if any) Place  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrance complied with. We further confirm that the nt'.	Compliance YES NO	er of the Bank having fully operative Saving Sank Account which match the requirement with th					
Name of the Aggregator  NPS Lite Account Office (NL-AO) Registration Number  Membership No. allotted by Aggregator (if any) Place  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrance complied with. We further confirm that the nt'.	Compliance YES NO	er of the Bank having fully operative Saving Sank Account which match the requirement with th					
Name of the Aggregator  NPS Lite Account Office (NL-AO) Registration Number  Membership No. allotted by Aggregator (if any) Place  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y  CRA-FC Registration Number  Date d d / m m / y y y y	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrance complied with. We further confirm that the nt'.	Compliance YES NO	er of the Bank having fully operative Saving Sank Account which match the requirement with th					
NPS Lite Account Office (NL-AO) Registration Number	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no for opening NPS account have been fully co is not a 'Basic Savings Bank Deposit Account 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  Decla  Authorisation by Aggregator's office (NL- Certified that the subscriber is registered with	matbrance complied with. We further confirm that the nt'.	Compliance YES NO	er of the Bank having fully operative Saving Sank Account which match the requirement with th					
Membership No. allotted by Aggregator (if any) Place Date d d / m m / y y y y  [To be filled by CRA - Facilitation Centre (CRA-FC)]  Received by CRA-FC Registration Number Date d d / m m / y y y y	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrance complied with. We further confirm that the nt'.	Compliance YES NO is an existing customer and KYC norms required for opening ES. B. a/c of Sh/Smt/Kum	er of the Bank having fully operative Savir Bank Account which match the requirement has been read over to her/him by me					
Place         Date         d         d         I         y<	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	matbrance complied with. We further confirm that the nt'.	Compliance YES NO is an existing customer and KYC norms required for opening ES. B. a/c of Sh/Smt/Kum	er of the Bank having fully operative Savir Bank Account which match the requirement has been read over to her/him by me					
To be filled by CRA - Facilitation Centre (CRA-FC)    Received by   CRA-FC Registration Number	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	m	Compliance YES NO sis an existing custom sh and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum stching with that mentioned on NPS appli Name:  Designation:  Designation:  Designation:  Designation:  Designation:  Rubber Stamp of the Agency Stamp of the Age	er of the Bank having fully operative Saving Bank Account which match the requirement with th					
Received by CRA-FC Registration Number Date d d / m m / y y y	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	m	Compliance YES NO sis an existing custom sh and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum stching with that mentioned on NPS appli Name:  Designation:  Designation:  Designation:  Designation:  Designation:  Rubber Stamp of the Agency Stamp of the Age	er of the Bank having fully operative Saving Bank Account which match the requirement with th					
Received at Date d d / m m / y y y	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	m	Compliance YES NO sis an existing custom sh and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum strength with that mentioned on NPS application:  Designation:  Designation:  Designation:  Designation:  Park d d / m  Designation:  Rubber Stamp of the Agency State Collection Centre (NL - CC) Registrate	er of the Bank having fully operative Saving Bank Account which match the requirement with th					
	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	m	Compliance YES NO sis an existing custom sh and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum stching with that mentioned on NPS appli Name:  Designation:  Designation:  Designation:  Designation:  Rubber Stamp of the Agency State - Collection Centre (NL - CC) Registrate y y y y y y	er of the Bank having fully operative Saving Bank Account which match the requirement with th					
Acknowledgement Number (by CRA-FC)	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	m	Compliance YES NO sis an existing custom the and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum stricking with that mentioned on NPS appli Name:  Designation:  Designation:  Designation:  Designation:  Pry Date d d / m  Designation:  Rubber Stamp of the Authorities of	er of the Bank having fully operative Saving Bank Account which match the requirement with th					
	Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/Ku Bank account no	m	Compliance YES NO sis an existing custom sh and KYC norms required for opening E S. B. a/c of Sh/Smt/Kum	er of the Bank having fully operative Savin Bank Account which match the requirement					

### 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.  i. If father's name has more than 30 digits, you may fill Annexure II for the same.  ii. Father's name is mandatory. However, if applicant does not want to provide father's name, he/she has an option to provide.					
1	1	Father's Name						
			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	Bank Pass book or certificate with Photograph.	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		
	2, 3 & 4	Identity, Correspondence & Permanent address details	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		
2			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)		
			Note		15	Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation)		
			<ul> <li>Note:</li> <li>(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/he 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 accopening form, a separate proof of address should be obtained. All future communications will be sent to corresponder address. If correspondence &amp; Permanent address are different, then proof for both have to be submitted.</li> <li>(iii) In case of Government subscribers, the KYC documents may be submitted within a period of 30 days after generation of PRA</li> </ul>					
		Other Details (Occupation Details)		An NRI subscriber would need to furnish an Indian address for communication and bank details within India. Fund transfers by NR would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.				
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.					
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.					
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.					
6	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the nodal officer with the official seal and stamp. Left Thumb Impression in case of male and Right Thumb Impression in case of female.					

#### **General Information for Subscribers**

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
  - 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.

Annexure NCIS To be used for subscribing under NPS							
		National Pensi	on System (NPS)				
National Pension System (NPS)  NPS Contribution Instruction Slip (NCIS) - All fields marked with * are mandatory.							
Subscriber Details: Subscriber's PRAN*: / New Application							
	7	ppiication					
Name of the Subscriber*	:						
Are you a Govt. Employee covered_under NPS - Yes No (please select, if applicable) (See instructions at Sr. No. 1)							
Phone No/ Mobile No.: _							
Payment Details*:							
Cheque/DD/Cash	Cheque/DD No.	Bank Name, Branch & City (mandatory in case of cheque/DD)	Amount to be invested in Tier 1	Amount to be invested in Tier 2	Total Amount to be invested		
			•				
Total Amount to be inves	ted (in words):						
Instructions:							
		red under NPS can contribute vo lify for deduction under applicab			Act, 1961] and for Tier 2 vide this rant provisions and rules].		
2. Please quote your 12 d "New Application" on the	- :	Central Recordkeeping Agency ( ue/DD.	CRA) also on the reverse of	the cheque/DD. In case of I	new application, please mention		
3. Cheque/DD should be available in the bank acco		OP (Name of the POP) Collection and the Cheque.	Account - NPS Trust" and cr	ossed A/c payee only. Pleas	se ensure sufficient balance is		
		cash contribution of Rs. 50,000 a	nd above.				
E Each contribution i.e.	antribution under Ti	or Land Tior II will be treated as a	congrate transaction and w	will be charged congrately.	For details of the sharge structure		
please refer to the PFRD			i separate transaction and v	viii be charged separately. I	For details of the charge structure,		
·				(X) Sign	nature/Left Thumb Impression of Subscriber		
(To be filled by POP/POP	-SP)				or subscriber		
Received by:		-	OP-SP Registration Numbe	r:			
Received at:		_   [	Date:Time	Stamp:			
Receipt Number (To be provided by POP-S	·D/						
(10 be provided by POP-3	ir)						
Perforation) - NCIS Ackn	owledgement to the	Subscriber					
(To be filled by POP/POP-SP)							
POP-SP Registration Num	ber:						
PRAN:  Name of the Subscriber:  Date:/ Time Stamp:							
Name of the Subscriber:		Date://	Date:/				
_ Cheque/DD Number:		Cheque/DD date:		Drawn on:			
Receipt Number							
(To be provided by POP-SP)							
1. Amount received Tier I: Rs.     2. Amount received Tier II: Rs.							
3. POP Registration Charges (one time): Rs.  4. POP Transaction Charges: Rs.							
5. Service tax (as applicable): Rs.							
6. Amount invested: Rs. Signature/Stamp of POP/POP-SP/Place							
[(1+2)-(3+4+5)]							
- Fach acatalla (1) - 1 -	and the state of the	Ties I and Ties II will be becaused a		ا - ا محمد المحمد عام الله ما الله	. If a data the of the decree of a second		

- Each contribution i.e. contribution under Tier I and Tier II will be treated as a separate transaction and will be charged separately [for details of the charge structure, please refer to the PFRDA offer document at <a href="https://www.pfrda.org.in">www.pfrda.org.in</a>].
- Voluntary contributions under Tier-I qualify for deduction under applicable sections of Income Tax Act, 1961 [please refer relevant provisions and rules].

# Checklist for NPS application form.

List of supportive documents given below:-

- Address Proof self attested
- 2. Pan card copy self attested
- 3. Date of birth proof self attested
- 4. Passport size photo 1 No
- 5. Cheque should be in favour of UTI AMC Collection A/c - NPS Trust
- Application + contribution slip both should be signed by subscriber with **BLACK PEN**