Central Recordkeeping														ras		tur							_					
Please select your category [Please tick(✓)]		Cen All	ntral Citiz	l Gov l Aut zen l te (G	tono Mod	del	us B	ody	,				S	itate itate itate	Auto	non			ody						recer 3.5 ci P	nt ph m × :		m si
o, ational Pension System Trust. ear Sir/Madam, hereby request that an NPS account be		nedi	in my	v nar	ne a	s per	the p	partic	ular	s giv	en b	elow:											_					
indicates mandatory fields. Please fill the KYC Number, Retirement Adviser Coo	he for	rm in	Engl	lish a	and B	BLOC	K lett	ers w	vith	black	ink	pen. (0	NPS	6 Lite	Sub	oscri	bers	<u></u>								
KYC Number (if applicable) Retirement Adviser Code (If applicable))	+	+	<u> </u> _	<u> </u>	<u> </u> _			_						Ge	nerau	.ed th	om c	Centra	K 1	C Re	egisti	у					
1. PERSONAL DETAILS: (Please	refer	r to S	Sr. No	o.1 o	f the	instr	uctior	ns)																				
Name of Applicant in full	S	Shri		1		Smt				Kun	nari					1	1	1			1	1	1	-	-	1	1	1
First Name*				\square	<u> </u>		<u> </u>		4	\square	4				<u> </u>	<u> </u>	<u> </u>	<u> </u>	\square	_		1		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1
Middle Name				\square	\square		\vdash		4	\downarrow	\downarrow	\perp			<u> </u>	<u> </u>	<u> </u>	<u> </u>	\square	_		1		<u> </u>	<u> </u>		<u> </u>	
Last Name				\square	<u> </u>		<u> </u>				4					<u> </u>		1				1			<u> </u>	<u> </u>		
Subscriber's Maiden Name (if any))			\square	<u> </u>		<u> </u>				_					<u> </u>		 	\square	_		1		<u> </u>	<u> </u>		<u> </u>	1
Father's Name* (Refer Sr. No. 1 of instructions)	F	i	r	S	t								VI	i d	d		е						L	а	S	t		
Mother's Name*	F	i	r	S	t								M	i d	d		е						L	а	S	t		
(Refer Sr. No. 1 of instructions) Father's name will be printed on PRA	N can	d In		mot	hor's	nam	e to h	o orin	hete	inete	n he	f fathr	r'e n:	ome [e ticl	۲ (م)	<u> </u>	 								1	
Date of Birth*	d	d d	(asc,	m	mers	/ /			V	V				arrie [1 Birth sh					_ bv re	eleva	nt d	ocur	nen	tary r	oroof)		
City of Birth*	~	<u> </u>					<u> </u>	<u>y</u>	<u>y</u>	<u> </u>		(0000					-44P	100							100.	, 		1
Country of Birth*		\square	\vdash						=		\pm				+	$\frac{1}{1}$	<u> </u>	\vdash						1	+		$\frac{1}{1}$	
Gender* [Please tick (✓)]	Mal	 			Fe	male			0	thers	. [L 7			Na	tiona	 ality	*			Indi	an						
Marital Status*	Mar						ried				ther				•••		, in,				llisa	u.,						
Spouse Name*	F	i	r	S	t								M	i d	d		е						L	а	S	t		
(Refer Sr. No. 1 of instructions)																											1	
Residential Status*	Indi	an															_	_										
2. PROOF OF IDENTITY (Pol)* (Any c	one c	of the	doc:	ume	nts n	leed to	o be	pro	vided	alor	ng wi	h the	e iden	tificati	ion n	umb	er)										
Passport														sport		iry D	ate			d	d	1	m	m	/	y	у	у
Voter ID Card				\square		\square		+	\downarrow	\square	+			Car	-				[]						Ļ	<u> </u>		
Driving License				$ \rightarrow $	\square	\vdash	-+	+	+	+	+	+	Driv	ring L	icens	se E	xpiry	y Da	ite	d	d	/	m	m	/	у	У	У
NREGA JOB Card Others	Mar	 ~~~ (of the		$ \rightarrow$	$ \rightarrow $		+	+	+	+	+				1				h	~	P.		ase refe	or Gr [10.21	ftha	notrue
	Ιναι	1		-										1			IN	u		D	е	1	Pica	Seren	er 51. 1	.∠ v)î (i i e i	ที่รับนับ
UID (Aadhaar)		[UI	ID (A	Aadh	naar) nui	mber	r not	rec	quire	d]																	
As per the amendments made under Pro at present, please ensure that these det	eventi	on of	Mone	y-Lau	under	ring (N	Aainter	nance	of F	ecord	ls) Se	econd	Amen	idment	Rules	, 2019	9, PAI	N or F	-orm 6	30 is i	mand	latory	und	er NP	S.If y	ou da	not l	have I
al present, prease ensure mai meso do	alls a	e pro)Viueu	WILLIN	TI SIA		nsus	UDIIIIS	55101	101 01	S Jui	DSCIIL	9/ 76	gisuau		<i>m.</i>												
3. PROOF OF ADDRESS (PoA)	*				C	orre	spon	den	ce	∆dd	res	9					F	o _{ern}	nane	nt/	٩d	ress	5					
[Please tick (✓), as applicable]					Pas	ssport	/Drivin	ng Lice	ense				'oter l'	ID card	/NREC	3A Jol	b P	asspo	ort /Dr	iving	Licen	nse/U		\adha	ar)/Vc	ter IC) card	/NRE
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions							tion Car ed Leas			reeme	nt of	reside	nce/N	/unicipa	al Tax				Ration (ered L				mer	t of re	siden	ce/M	unicip	al Tax
Please reter St. No. 2 Dr					Rec	ceipt										tnaid	R	Receip				<u> </u>						
					1 #1 &		Vined (-	Jas:	aten	Eleour	Gity, i	Elehin				tpaid		nobile		100)/ V va.			Ly/ 10.				
						bile] B	Piped G Bill						_						-									
	ESS	DE	TAIL	.S*																							1	
4.1 CORRESPONDENCE ADDR					mol	bile] B	Bill	Doc	:40	atial			Duci				· aiot	- crov	-1 Off	·20		I.		- oifi	- 4	ų –	1	
4.1 CORRESPONDENCE ADDR Address Type*				_S * /Bus	mol	bile] B	Bill	Res	ide	ntial			Busi	iness		_	<u> </u>		d Off	ice		Ur	nspe	ecifie	ed]	1
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no.					mol	bile] B	Bill	Res	ide	ntial			Busi	iness		_	egist ndm		no t	ìce		Ur	nspe	ecifi	ed			1
 4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village 					mol	bile] B	Bill	Res	side	ntial			Busi	iness		_	<u> </u>		d Off	ice		Ur	nspe		ed			
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane					mol	bile] B	Bill	Res	side	ntial			Busi	iness		_	<u> </u>		d Off	ice		Ur	nspe					
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk					mol	bile] B	Bill	Res	side	ntial			Busi			_	<u> </u>								ed			
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District					mol	bile] B	Bill	Res	side	ntial			Busi			_	<u> </u>											
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk					mol	bile] B	Bill	Res		ntial			Busi			_	<u> </u>				PIN (
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T.	Res	sider			mol	ss [iness				eark			PIN (
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T. 4.2 PERMANENT ADDRESS DE	Res	sider	ntial/	/Bus		bile] B SS []]] Tick	3iİI	in the	> box	x in c	ase	the a	ddres	ss is s	ame	Lar	ndm	ark		F	PIN C	Cod	e	 				
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T. 4.2 PERMANENT ADDRESS DE Address Type*	Res	sider	ntial/			bile] B SS []]] Tick	3iİI	in the	> box		ase	the a	ddres		ame	Lar	ndm	terec	d Off	F		Cod	e					
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T. 4.2 PERMANENT ADDRESS DE Address Type* Flat/Room/Door/Block no.	Res	sider	ntial/	/Bus		bile] B SS []]] Tick	3iİI	in the	> box	x in c	ase	the a	ddres	ss is s	ame	Lar	ndm	terec		F	PIN (Cod	e	 				
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T. 4.2 PERMANENT ADDRESS DE Address Type* Flat/Room/Door/Block no. Premises/Building/Village	Res	sider	ntial/	/Bus		bile] B SS []]] Tick	3iİI	in the	> box	x in c	ase	the a	ddres	ss is s	ame	Lar	ndm	terec		F		Cod	e	 				
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T. 4.2 PERMANENT ADDRESS DE Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane	Res	sider	ntial/	/Bus		bile] B SS []]] Tick	3iİI	in the	> box	x in c	ase	the a	ddres	ss is s	ame	Lar	ndm	terec		F		Cod	e	 				
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T. 4.2 PERMANENT ADDRESS DE Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk	Res	sider	ntial/	/Bus		bile] B SS []]] Tick	3iİI	in the	> box	x in c	ase	the a	ddres	ss is s	ame	Lar	ndm	terec		Fice	C	Cod	e u nspe	 				
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T. 4.2 PERMANENT ADDRESS DE Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane	Res	sider	ntial/	/Bus		bile] B SS []]] Tick	3iİI	in the	> box	x in c	ase	the a	ddres	ss is s	ame	Lar	ndm	terec		Fice		Cod	e u nspe	 				

1.4	CS
5. CONTACT DETAILS	
Tel. (Off) (with STD code) +	Tel. (Res): (with STD code) +
Mobile* (Mandatory) + 9 1	(Mobile Number is required for communication and to get SMS alerts)
OTHER DETAILS (Please refer to Sr no. 3 of the instructions)	
► Occupation Details* [please tick(✓)]	
Private Sector 🗌 Public Sector 🗌 Government S	Sector Professional
Self Employed 🦳 Homemaker 🗌 Student	Others (Please Specify)
Income Range (per annum) Upto 1 lac 1 lac to 5 lac	5 lac to 10 lac 10 lac 25 lac 25 lac and above
Educational Qualifications Below SSC SSC H	HSC Graduate Masters Professionals (CA, CS, CMA, etc.)
Please Tick If Applicable Politically exposed person	Related to Politically exposed Person (Please refer instruction no.3)
. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the inst	tructions)
(All the bank details are mandatory except MICR Code.)	
Account Type [please tick(✓)] Savings A/c □ C	Current A/c
Bank A/c Number	
Bank Name	
Branch Name	
Branch Address	PIN Code
State/	
Bank MICR Code	
. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No. 4	
	es and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately
First Name	Middle Name Last Name
Relationship with the Nominee	
	Date of Birth (In case of Minor) d d I y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y <
Nominee's Guardian Details (in case of a minor)	
First Name	Middle Name Last Name
. NPS OPTION DETAILS (Please tick (✓) as applicable)	
I would like to subscribe for Tier II Account also YES \square NO \square If	
(If you wish to activate Tier II account subsequently, you may submit separate app POP-SPs rendering services under NPS and Annexure S10 is available on CRA	plication (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of Population
	f Yes, please submit details on Annexure II
0. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION	· ·
	· · ·
 (i) PENSION FUND SELECTION (Tier I) : Please read below c 1. Government Sector: The following Pension Funds (PFs) will act 	t jointly as default PFs, if choice is not exercised by the government employee/subscriber
(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited	
ignored, if choice to employees is not notified by the respective St	
	option to choose the available PFs as per their choice in the table below.
 Corporate Model: Subscribers shall have the option to choose the a NPS Lite: NPS Lite is a group choice model where subscriber has 	available PFs as per the below table in consultation with their respective Employer. s a choice of PF and investment option as available with Aggregator.
Name of the Pension Fund (Please select only one)	Please Tick (✓) Default Choice of Pension Funds
LIC Pension Fund Limited	
SBI Pension Funds Private Limited	Available in Government sector, if employee/subscriber does not exercise
UTI Retirement Solutions Limited	
ICICI Prudential Pension Funds Management Company Limited	
Kotak Mahindra Pension Fund Limited	
Reliance Capital Pension Fund Limited	
HDFC Pension Management Company Limited	
Birla Sunlife Pension Management Limited	
* Selection of 01 Pension Fund is mandatory for All Citizen subscriber	
(ii) INVESTMENT OPTION	
(Please Tick (\checkmark) in the box given below showing your investment optio	וח).
Active Choice Auto Choice	
Please note:	a colort Auto Choice fill up acction (in) below
 In case you select Active Choice fill up section (iii) below and if you In case you do not indicate any investment option, your funds will 	
3. In case you have opted for Auto Choice and fill up section (iii) bel	low relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment
be made as per Auto Choice (LC 50).	

Ver 1.4

(iii)	ACTIVE CH	OICE – ASS	ET ALLOO	CATION (to	be fille	ed up	o only	in	case	you	ha	ave	sel	ected	l 'Ac	ive C	Cho	ce' t	he i	nve	stme	ent o	optic	n)		
		E	С	G	A																					
	Asset Class	(Cannot exceed 75%)	(Max up to 100%)	(Max up to 100%)	(Cann exceed		Total		Asset of	class (G-G	over	men	t Bonds	and re	lated i	nstru	ments	; Asse	et Cla					trument ent Fund	
	Specify %						100%		includi	ng ins	trun	nents	slike	CMBS	, MBS	REITS	S, Alf	s, Invi	ts etc	C.						
	Choices in Govt sector	Not ava	ilable	Available	Not availat		In ca	ise d	of Gov	ernme	ent	emp	loye	e/subs		the Ac lass '(of As	sset	Alloca	tion i	s rest	ricted to	o Asset	
(iv)	Please note: 1. Upto 50 y 2. From 51 allocation 3. The total be rejecte AUTO CHO	rears of age, the years and about will be carried allocation acro ad. ICE OPTION LC, your fund LC) Please	ne maximum ove, maximu l out as per t ss E, C, G a l (to be fill nds will be	permitted E im permitted the matrix or ind A asset o ed up only	quity Inve d Equity I n date of I classes m y in case as per Govt	estme Invest birth. nust b e you LC 5	tment w e equal u have 50. e: 1. LC 2. LC 3. LC	will to e so 2 75 2 50 2 25	be as 100% electe 5- It is 5- It is 5- It is	per t . In ca ed th the Li the Li the L	ihe ase ife ife	equ , the 'Au cycle cycle	iity a e allo to (e fur e fur e fur e fur	allocation ocation Choic	on ma is lef e' inv ere the ere the ere the	atrix p t blank /estn e Cap e Cap e Cap e Cap	to E to E to E	ded ir l/or do t opt quity i quity i	oes r ion) inves inves	not e). In stme stme stme	qual case nts is nts is nts is	100% e, yc 75% 50% 25%	6, the budd	applic o not i e total e total e total	ation s	hall
11. DE0	CLARATION	ON FATCA	* (Foreign	Account 1	Tax Com	nplia	nce A	ct)	CON	IPLI/	AN	CE	(Ple	ease re	efer to	Sr no	o. 7 c	f the	instr	uctio	ns):					
Sectio	on I*																									
US Pe	erson*	Yes	N	0																						
Sectio	on II*																									
For the	purposes of	taxation, I ar	m a resider	nt in the fol	llowina c	count	tries ar	nd i	mv Ta	ax Id	ent	tifica	atio	n Nun	nber	(TIN)	/fun	ction	al e	auiv	alent	: in e	each	count	rv is s	et
		indicated tha	t a TIN/fun					ble	(kind	lly fill	de				ountri	es of	tax	resic				e tha	n on	e):		
		Parti	culars					0	Coun	try (1)				C	ount	try (2)				C	ount	ry (3)		
Count	ry/countries	of tax reside	ncy																							
					ess Line																					
		e jurisdiction	for Tax		own/Vill	age														_						
				State	ost Cod	•														_						-
Tax Id	entification N	Number (TIN)/Functiona			-														_						-
		uivalent Nun	,																							_
		itary evidence		<u> </u>	applicabl	le)		da	d / mr	m / v	~~~	/			dd	/ mm	n / v	VVV		-		dd	/ mm	Тууу	V	-
			, promaca ((,				····).								, , , ,							J	
Rule b) the i corri or of c) I peet and conf d) I uni the I certi e) I als desi defii f) I her for c g) I als abro	all be my respectively and the my respectively and component of the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respectively and the my respect	ponsibility to e the of the Inco ovided by me lete and that I the NPS Tru ntermediaries nation for com esponsibility to porting Annex with documen in case of my Government emedied by n nd acknowled information p rnish such inf ject matter he NPS Trust for	me tax Ruli in the Forr have not w st to collect wherever a poliance wite o declare a cures as we failure to dia of India (G ne within th loge that the provided by cormation a perein.	es, 1962 the n, its suppo- ithheld any t, store, cor situated inc h any law o nd disclose ill as in the nce, sclose any i OI) /RBI//R e stipulated NPS Trust me to the N nd/or docur	ereunder rrting Anr material huding sh or regulat within 3 documen material DA/PFRI period. shall hav NPS Trus ments as	r and nexur infor tharing tion w 80 da ntary fact k DA fo ve the st st	the informed as we mation and proce g, transwhether ys from evider known to present the present as a second present the present as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a secon	form well that sess sfer r do n th nce to r burp and	nation Il as ir at may s infor r and omesti e provi me, no oose o I auth st may	n prov n the y affe discle ic or ided l ow or or take ority	vide do ct f on osu fore cha by in e a to c	ed ir cum the a rela ure t eign ange me futu ny c carry e fro	n the lient asse ting betw e, all or i ure, all or i ure, all or i ure, all or i ure, all	e Forn ary ev essme to the veen the ny cha f any o the NF r action t invest me to	n is in idence ent/ca e Acco hem a anges certifie PS Tr n as stigat	acco e are tegori ount a and to that cation ust may b fons fi on ac	ridar , to t izatio and o the may n bec ay re oe de rom	ce whe be on of all tra- auth take come eport teeme the ir nt of	ith the st of the ansa ansa aoritic since since a ansa aoritic since since a aphroprime since a aphroprime since a aphroprime since a aphroprime since a aphroprime since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a since a si	he ar of my acco ctior es ir ce ir corre ny re pprop matic	fores v kno unt a ns the n and the egula oriate on av nge	aid r wled s a f erein l/or c infor nd to tor a by t ailab	rules, Ige a Repo , by putsic matio prov and/o the N	nd beli rtable the NF le India on pro ride fre r any a PS Tru public	ief, trui accou PS Tru a of ar vided esh se authori ust if th doma	e, nt st iy in lf- ty ie
Date	d d <i>I</i>	m m <i>1</i>	ууу	<u>y y </u>		,																				
Place	:												Sig											in bla males	ck inl	.
Name	of subscribe	er																								

er 1.4	CSRI
12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instruction	
	15)
 and declare that the information and documents furnished by me are true and correct Record Keeping Agency/National Pension System Trust, of any change in the abounderstand that I shall be fully liable for submission of any false or incorrect informat I further agree to be bound by the terms and conditions of provision of services by complete or partial without any new declaration being furnished by me. I shall be bound etails) & T-PIN. Declaration under the Prevention of Money Laundering Act, 2002 I hereby declare that the contribution paid by me/on my behalf has been derived from the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention of the prevention	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 we 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 ind by the terms and conditions for the usage of I-PIN (to access CRA website and view m legally declared and assessed sources of income. I understand that NPS Trust has it authorities. I further agree that NPS Trust has the right to close my PRAN in case I am
Date d d / m / y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y	
Place :	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
13. DECLARATION BY EMPLOYER	
Applicable to Governme	ent Subscribers only
(Subscribers Employment Details to be filled and	attested by the Deptt. (All Details are Mandatory)
Date of Joining	Date of Retirement dd/mm//yyyyy
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
Group of Employee (Tick as applicable) Group A Group	
Office	
Department Ministry	
Ministry	
DTO/PAO/CDDO/DTA/PrAO Registration Number	
Basic Pay Pay Scale	
It is certified that the details provided in this subscriber registration form b the address and employment details provided above are as per the servic 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	Signature of the Authorised person Rubber Stamp of the DTO/PAO/CDDO/
(In the box above) (In the box above)	(In the box above) DTA/PrAO (In the box above)
Designation of the Authorised Person	Designation of the Authorised Person
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry	Date d I m m I y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y
14. DECLARATION BY EMPLOYER/ CORPORATE	
Applicable to Corpora (Subscribers Employment Details to be filled and a	
Date of Joining	Date of Retirement
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 empl- entries / entries 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)

CSRF

15. DECLARATION BY THE AGGREGA	TOR
	Applicable to NPS Lite Subscribers
Authorisation by Aggregator's office	(NL - AO)
_	d with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS ined /thumb impressed before me byafter (s)he has read the entries/ entries have
Signature of the Authorised p	erson (In the box above) Rubber Stamp of the Aggregator (In the box above)
Name of the Aggregator	
NPS Lite Account Office (NL-AO) Registratio	n Number NPS Lite - Collection Centre (NL - CC) Registration Number
Membership No. allotted by Aggregator (if a	ıy)
Place	Date d d I m I y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y
16. TO BE FILLED BY POP-SP	
Receipt No. (17 digits)	POP-SP Registration Number
Document accepted for date of Birth P	roof:
Copy of PAN card submitted YES	
	Originals Verified) Self Certified (Attested) True Copies
Identity Verification :	Done
Existing Customer:	nt/Kum is an existing KYC verified customer.
The above applicant is having an ope client ID maintaine the requirement for opening NPS acc	erative Bank/Demat/Folio/ account (specify nature of the account) having account number/ d at branch/office. The KYC documents available with us for this customer/client matches ount and are in compliance with PMLA Rules. Bank a/c of Sh/Smt/Kum is not a 'Basic Savings
and address mentioned on the original	berhas been checked and the name Aadhaar card are matching with that mentioned on NPS application form.
To be filled by POP-SP	Name:
	Designation: Place:
POP-SP Seal	Signature of Authorized Signatory Date d I m I y y y
	[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 y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y y
Acknowledgement Number (by CRA-FC)	
PRAN Alloted	
	ACKNOWLEDGEMENT
Name of the Subscriber:	
Contribution Amount Remitted:	₹
Date of Receipt of Application and Con	tribution Amount: d d / m m / y y y y
	Stamp and Signature of the Employer/PoP:

Ver 1.4

CSRF

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
- (b)

Ver 1.4

- a blank box after each word. In case, you mention the KYC number submission of proof for the same is necessary. Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are (c)
- Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is note to be rejected in handatory needs are left blank or the application form is printed back to back. The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office. Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted. The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office. (d)
- (e)
- (f)

(g) T S. No	ltem No.	Item Details	ion should be verified by the designated officer of POP-SP / Nodal Office. Instructions
NO	NO.	Personal Details	 This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. Currently, Foreign Nationals and Persons of Indian Origin (PIO) are not allowed to open PRAN under Private Sector. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.
1	1	Spouse Name	If married, spouse name is mandatory. i. Father's name is mandatory.
'	I	Father's Name	ii. If father's name has more than 30 digits, you may fill Annexure II for the same.
	-	Mother's Name	 Mother's name is mandatory If Mother's name has more than 30 digits, you may fill Annexure II for the same.
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support. 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 for an existing customer. 4 Certificate of the POP for an existing customer.
			5 Voters Identity card with photograph and residential address. 5 Voters Identity card with photograph and residential address. 6 Valid Driving license with photograph 6 Valid Driving license with photograph and residential address.
			 Valid Driving incerse with photograph signed by a Member of Parliament or Member of Legislative Assembly Certificate of identity with photograph signed by a Member of Barliament 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
			8 PAN Card issued by Income tax department 8 Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
		Identity, Correspondence &	9 Aadhar Card / letter issued by Unique Identification Authority of India 9 Aadhar Card / letter issued by Unique Identification Authority of India
		Permanent address details	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 11 The identity card/document with address or letter of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allotment of allot
2	2, 3 & 4		Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. Bodies such as ICAI, I
			12 Photo. Identity Card issued by Defence, Paramilitary and Police department's 12 Latest Electricity/water/piped gas bill in the name of the Subscribe / Claimant and showing the address (less than 2 months old)
			13 Ex-Service Man Card issued by Ministry of Defence to their employees. 13 Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)
			14 Photo Credit card. 14 Latest Property/house Tax receipt (not more than one year old) 15 Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)
			 Note: (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the accoun opening form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted. (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers) Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for
3	6	Politically Exposed Person	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 & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. 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	10	Pension Fund (PF) Selection and Investment Option	Government employee/subscribers can exercice choice of Pension Funds and allocate their investments either in Asset Class'G' under Actice Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SB Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.
7	11	Declaration by subscriber on FATCA Compliance	 Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a residen for tax purpose in USA. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of t
Q	10	Declaration by	Citizenship should be provided or reasons for not having relinquishment certificate is to be provided Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb
8	12	Subscriber	Impression in case of females. General Information for Subscribers
b) Su	bscribers		is of his/her application from CRA and their designated nodal officer. e acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. , contact CRA:
	Call: 022-4 Address: 0 NSDL e-G 1st Floor, ⁻	ttps://www.npscra.nsdl 090 4242 Central Recordkeeping overnance Infrastructu Times Tower, Kamala N el (W), Mumbai - 4000	e Limited lills Compound, Senapati Bapat Marg,

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%

Equity Allocation Matrix for Active Choice

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.