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indicates mandatory fields. Please fill the YC Number, Retirement Adviser Cod	e fon	m in	Engl	lish a e Nar	nd Bl	LOCK elds a	re not	appl	icabl	e for G	n. (Refei	nent &	NPS L	ite Su	bscr	bers	=)				L					
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Mother's Name* (Refer Sr. No. 1 of instructions)											1		1	-1-/	015	_					_					
Father's name will be printed on PRAM	V card	d. In	case	T	ner's i	name	to be p	rinted	inste	ad of fa	ther's n	ame[F Birth sh	lease	ick (v	orted	by r	eleva	nt de	ocun	nent	arv r	oroo	n			
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5. CONTACT DETAILS					
Tel. (Off) (with STD code) +	Tel. (Res	): (with STD code	)   +		
Mobile* (Mandatory) + 9 1				ation and to get SN	1S alerts)
Email ID					
6. OTHER DETAILS ( Please refer to Sr no. 3 of the instructions )					
▶ Occupation Details* [ please tick(✓) ]					
Private Sector Public Sector Government Sector		Amoun			
Self Employed Homemaker Student		(Please Specify			
Income Range (per annum) Upto 1 lac  1 lac to 5 lac	process and the same of the sa		10 lac to 25 lac	25 lac and rofessionals ( CA, C	
		Politically expos		(Please refer ins	
▶ Please Tick If Applicable Politically exposed person		- Onlicany expos	ed r clauli 🗀	(Ficase refer ins	ardellori rie.oj
7. SUBSCRIBER BANK DETAILS* ( Please refer to Sr no. 4 of the instr	ructions)				
(All the bank details are mandatory except MICR Code.)					
, toolean type [ process and , , ]	urrent A/c				
Bank A/c Number					
Bank Name					
Branch Name					
Branch Address			P	N Code	
State/				Count	<u> </u>
Bank MICR Code	IFS Code				
8. 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 nominee	s and if you desire s	so please fill in Ann	exure III (Additiona	al Nomination Form) p	rovided separately)
First Name	Middle Name			Last Name	
Relationship with the Nominee	Date of F	irth (In case of I	Minor) ddd	[/[m[m]/]	VIVIVIV
Manifestals Counties Datails (in case of a minor)	Date of E	mar (m odoo or i			2 1 7 1 7 1 7
Nominee's Guardian Details (in case of a minor)  First Name	Middle Name			Last Name	
Filst Name	T T T				
			Assertation of the Control of the Co		
9. NPS OPTION DETAILS (Please tick (*) as applicable)  I would like to subscribe for Tier II Account also YES NO If	Yes nlease submit	details in Annexure	) I.	7	
(If you wish to activate Tier II account subsequently, you may submit separate app				POP/POP-SP of your of	choice. The list of POP
POP-SPs rendering services under NPS and Annexure S10 is available on CRA					
I would like my PRAN to be printed in Hindi YES NO If	Yes, please subm	it details on Anne	xure II		
10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION	* ( Please refer to	Sr no. 6 of the inst	tructions)		
(i) PENSION FUND SELECTION (Tier I): Please read below of				sion Funds:	
<ol> <li>Government Sector: For Government Subscribers, the following I</li> </ol>	PFs act as default l	PFs as per the guid	delines issued by t	he Government:	
<ul> <li>(a) LIC Pension Fund Limited</li> <li>(b) SBI Pension Funds Pvt. Limited</li> <li>All Citizen Model: Subscribers under All Citizen model have the o</li> </ul>	ption to choose the	available PFs as	per their choice in	the table below.	
3. Corporate Model: Subscribers shall have the option to choose the a	vailable PFs as per	the below table in c	consultation with the	eir respective Employe	er.
NPS Lite: NPS Lite is a group choice model where subscriber has	1	I investment option			
Name of the Pension Fund (Please select only one)	Please Tick (✓)		Availability of	the Pension Funds	
LIC Pension Fund Limited		Available to		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
SBI Pension Funds Private Limited		Government Sector		September 1	
UTI Retirement Solutions Limited					
ICICI Prudential Pension Funds Management Company Limited			Available to NPS Lite	Available to Ali Citizen Model*	Available to Corporate
Kotak Mahindra Pension Fund Limited			THE COLOR		Model*
Reliance Capital Pension Fund Limited				d at 2 and a	
HDFC Pension Management Company Limited		4			
Birla Sunlife Pension Management Limited					
* Selection of Pension Fund is mandatory both in Active and Auto Choice	ce'.				
(ii) INVESTMENT OPTION					
(Please Tick (✓) in the box given below showing your investment option	n).				
Active Choice Auto Choice					
Please note:  1. In case you select Active Choice fill up section (iii) below and if you	u select Auto Choic	e fill up section (iv)	below.		
In case you do not indicate any investment option, your funds will lead to the control of t	be invested in Auto	Choice (LC 50).		uctions will be ignore	d and investment wi
<ol> <li>In case you have opted for Auto Choice and fill up section (III) below be made as per Auto Choice (LC 50).</li> </ol>	ow relating to Asset	Anocation, the As	oot Anocation inst	COLOTTO WIII DO IGNOTO	a and invocation wi

(iii	ACTIVE CHOICE -	ASSET ALLOCATION	be filled up only in case you have selected 'Active Choice' the inv	estment ontion)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class
Specify %					100%	A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invits etc.

#### 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 in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.
- (iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

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

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is ut below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):    Particulars	JS Person* Yes No				
Particulars  Country (1)  Country (2)  Country (3)  Country (3)  Country (2)  Country (3)  Country (3)  Address in the jurisdiction for Tax Residence  Address lin the jurisdiction for Tax Residence  Address Line 1  City/Town/Village  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  Letrify that:  I) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act of with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules.  I) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account a Reportable account or otherwise.  I) permittauthorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the I Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or out India of any confidential information for compliance with any law or regulation whether domestic or foreign.  I) undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence.  I) Latos agree that in case of my fallure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or authority designated by the Government	Section II*				
Address in the jurisdiction for Tax Residence  Address Line 1  City/Town/Village  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  Certify that:  It is hall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules.  It is that the correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the accour a Reportable account or otherwise.  It permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the Introduction that may affect the assessment/categorization of the accour and any confidential information for compliance with any law or regulation whether domestic or foreign.  It permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the Introduction of compliance with any law or regulation whether domestic or foreign.  It is that the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence.  It is observed the Form the Supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence.  It is observed the self-certification along with documentary evidence.  It is observed the self-certification along with documentary evidence.  It is observed the self-certification as may be deemed appropriate the NPS Trust if the deficiency is not remedied by me within	or the purposes of taxation, I am a resident ut below or I have indicated that a TIN/func	t in the following countriectional equivalent is unav	es and my Tax Identification vailable (kindly fill details of	n Number (TIN)/functional equivalence all countries of tax residence	uivalent in each country is if more than one):
Address in the jurisdiction for Tax Residence  Address Line 1  City/Town/Village  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  Certify that:  It is half be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules.  It is the responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules.  The information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge belief, frue, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the accour a Reportable account or otherwise.  It permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the frust and any of NPS Intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or out india of any confidential information for compliance with any law or regulation whether domestic or foreign.  It is a for the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence, and in the subparting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence, and in t	Particulars		Country (1)	Country (2)	Country (3)
Address in the jurisdiction for Tax Residence  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  Tertify that:  It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules.  It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules.  It is that the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules.  It is that the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules.  It is that the responsibility to educate myself and to comply at all times with any take and information that may affect the assessment/categorization of the accour a Reportable account or otherwise.  I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the 1 Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or out India of any confidential information for compliance with any law or regulation whether domestic or foreign.  I undertake the responsibility to educate myself and the Information whether domestic or foreign.  I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or authority de	Country/countries of tax residency				
Residence  State  ZIP/Post Code  Tax Identification Number (TIN)/Functional equivalent Number  TiN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  certify that:  It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the Information provided in the Form is in accordance with the afore rules.  It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the Information provided in the Form is in accordance with the afore rules.  It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to the Account and the portion of the Account and complete and that I have not withheld any material information that may affect the assessment/categorization of the account a Reportable account or otherwise.  I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the I Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or out India of any confidential information for compliance with any law or regulation whether domestic or foreign.  I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence,  I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any r		Address Line 1			
Tax Identification Number (TIN)/Functional equivalent Number  TiN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  Validity that:  It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act twith the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the Information provided in the Form is in accordance with the afore rules.  It is information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the accour a Reportable account or otherwise.  I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the N Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or out India of any confidential information for compliance with any law or regulation whether domestic or foreign.  I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information doring the information and my with adocumentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence.  I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or authority designated by the Government of India (GO) //RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate	Address in the jurisdiction for Tax	City/Town/Village			
Tax Identification Number (TIN)/Functional equivalent Number  TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  do I man I may do I man I	Residence	State			
TIN/ Functional equivalent Number Issuing Country  Validity of documentary evidence provided (Wherever applicable)  A mm / yyyy  dd / mm / yyy		ZIP/Post Code			
validity of documentary evidence provided (Wherever applicable)  do I mm / yyyy  dot / mm / yyy  dot	Tax Identification Number (TIN)/Functional	equivalent Number			
certify that: It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules, the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the accour a Reportable account or otherwise.  I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NT trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or out India of any confidential information for compliance with any law or regulation whether domestic or foreign.  I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the informat provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence.  I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or authority designated by the Government of India (GOI) //RBI/RDA/PFRDA for the purpose or take any other action as may be deemed appropriate the NPS Trust if the deficiency is not remedied by me within the stipulated period.  I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in pudomain for confirming the information and/or documents as the NPS Trust may require from time to time on account of	TIN/ Functional equivalent Number Issuing	Country			
certify that: It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act r with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the afore rules, the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the accour a Reportable account or otherwise.  I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NT Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or out India of any confidential information for compliance with any law or regulation whether domestic or foreign.  I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the informat provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect an provide fresh self-certification along with documentary evidence.  I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or authority designated by the Government of India (GOI) //RBI//RDA//PFRDA for the purpose or take any other action as may be deemed appropriate the NPS Trust if the deficiency is not remedied by me within the stipulated period.  I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in pudomain for confirming the information and/or documents as the NPS Trust may require from time to time on account	/alidity of documentary evidence provided (V	Vherever applicable)	dd / mm / yyyy	dd/mm/yyyy	dd/mm/yyyy
India or abroad in the subject matter herein.  I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.	certify that: ) It shall be my responsibility to educate my with the Rules 114F to 114H of the Incorrules, ) the information provided by me in the Fo belief, true, correct and complete and that	yself and to comply at al me tax Rules, 1962 then orm, its supporting Anne.	eunder and the information xures as well as in the doo	provided in the Form is in ac umentary evidence are, to the	ccordance with the afores
	certify that: ) It shall be my responsibility to educate my with the Rules 114F to 114H of the Incorrules, ) the information provided by me in the Fo belief, true, correct and complete and that a Reportable account or otherwise. I permit/authorise the NPS Trust to collect Trust and any of NPS intermediaries when India of any confidential information for coll undertake the responsibility to declare provided in the Form, its supporting Anne provide fresh self-certification along with a lalso agree that in case of my failure to diauthority designated by the Government the NPS Trust if the deficiency is not remain hereby accept and acknowledge that the domain for confirming the information are	yself and to comply at all me tax Rules, 1962 there arm, its supporting Anne; t I have not withheld any t, store, communicate ar rever situated including compliance with any law and disclose within 30 exures as well as in the documentary evidence, isclose any material fact of India (GOI) /RBI/IRD/edied by me within the sended by me to the NPS Trust shall have the wided by me to the NPS and/or documents as the	eunder and the information xures as well as in the doc material information that me and process information relatisharing, transfer and discloor regulation whether dome days from the date of challocumentary evidence provest known to me, now or in full AVPFRDA for the purpose of the disclosure of the purpose of the disclosure of the purpose of the disclosure of the purpose of the	umentary evidence are, to the nay affect the assessment/cate ing to the Account and all transure between them and to the estic or foreign.  Inge, any changes that may to ided by me or if any certification.  The NPS Trust may report take any other action as may out investigations from the interest of the series of the serie	e best of my knowledge a egorization of the account sactions therein, by the N authorities in and/or outs ake place in the information becomes incorrect and to any regulator and/or at y be deemed appropriate
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12. DECLARATION BY SUBSCRIBER*	( Please refer to Sr no. 8 of the ins	tructions)								
Declaration & Authorization by all subsc	ribers									
I have read and understood the terms and c and declare that the information and docum Record Keeping Agency/National Pension understand that I shall be fully liable for sub	nents furnished by me are true and System Trust, of any change in t	correct, to the besi he above informati	of my know on furnished	vledge and be	lief. I unde	take to	inform	imme	diately t	the Cent
I further agree to be bound by the terms a complete or partial without any new declara details) & T-PIN.	nd conditions of provision of service	es by CRA, from t	ime to time	and any ame nditions for the	ndment the usage of I	ereof as -PIN (to	appro acces	ved by s CRA	PFRD, websit	A, whethe and view
Declaration under the Prevention of Mor	ey Laundering Act, 2002									
I hereby declare that the contribution paid the right to peruse my financial profile or sh found violating the provisions of any law re	are the information, with other gove	ernment authorities	clared and I further ag	assessed sou ree that NPS	rces of inco	ome. I to	unders to clos	tand the my F	at NPS RAN in	Trust h
Date dd I m m I y	y y y									
Place :			Signat	ure/Thumb	Impressi	on* of	Subs	cribe	r in bla	ack ink
			1	LITHI Case	OI IIIale a	nu Kii	III Gas	SE UI I	Siliaic.	3)
13. DECLARATION BY EMPLOYER										
	Applicable to Go		S SUN AND TRANSPORT STREET, AND STREET							
(Subscribers En	ployment Details to be filled	and attested b	y the Dep	tt. (All Detai	ils are Ma	indato	ry)			
Date of Joining dd/	m m / y y y y	D	ate of Reti	rement	d   d   /	m	n /	У	УУ	У
Employee Code/ID (If applicable)  PPAN (If applicable)				Employee ( to provide,			are op	otional.	If you i	ntend
Group of Employee (Tick as applicable	e) Group A	Group B	Group	С	Group [					
Office										
Department										
Ministry										
DDO Registration Number										
DTO/PAO/CDDO/DTA/PrAO Registrati	on Number									
Basic Pay										
the address and employment details he/she has read entries/entries have	provided above are as per the been read over to him/her by L	us and got confirm	ned by hin	n/her.	med by d	s. Also	, 11 15	Turbre	r cerui	neu tria
Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)		e of the Aut	horised personabove)		er Stam	· And State			A CONTRACTOR OF THE PARTY OF TH
Designation of the Authorised Person		Designati	on of the A	uthorised Po	erson					
Name of the DDO		Name of D	TO/PAO/CD	DO/DTA/PrAC						
Deptt/Ministry		Date	d d /	m m /	уу	/ У				
Date of Joining d d / m Employee Code/ID	Applicable to Co	and attested by	Contractor of the Contract of	(All Details		atory))	/ y	у	уу	
Corporate Regd. Number (CHO No.) Allo	nited by CRA								+	
CBO No. allotted by CRA		L				amal-:	04 ::-	th	inclus	ling the
Certified that the details provided in this employment details provided above are a entries / entries have been read over to f	as per the service record of the	employee maint	ained by u	ıs. Also, it is						ding the ead the
Date   d   d   / m   m   /   y   y   y	у		lace							
Signature of the Authorised p	erson (In the box above)	MARINE AMARINE PROPERTY OF THE								
Designation of the Authorised Person			Rubb	er Stamp of	the Corpo	orate (li	the l	box al	oove)	

15. DECLARATION BY THE AGGREGA	ATOR									
	Applicable to NPS	S Lite Subsc	ribers							
Authorisation by Aggregator's office	e (NL - AO)									
Certified that the subscriber is registered and the above declaration has been significant been read over to her/him by me.									SCHOOL STREET	
Signature of the Authorised	person (In the box above)		Rubber Stamp	of the Ag	gregato	r (In th	e box a	bove)		
Name of the Aggregator										
NPS Lite Account Office (NL-AO) Registration	on Number NP	S Lite - Collection	on Centre (NL - CC	) Registrat	ion Numb	per _				
Membership No. allotted by Aggregator (if a	any)									
Place	Date d d / m n / y	Y V V								
16. TO BE FILLED BY POP-SP		1 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4								
Receipt No. (17 digits)			POP-SP Re	egistratio	n Numb	per				
Document accepted for date of Birth F	Proof:									
Copy of PAN card submitted YES	NO K	YC Compliar	nce YES	NO [						
Documents Received:	(Originals Verified) Self Certified	(Attested	) True Copies							
Identity Verification :	Done									
Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Numl and address mentioned on the origina	c Savings Bank Deposit Account' berof Sh/Sm	nt/Kum								
To be filled by POP-SP			Name:							
			Designation:				Pla	ice:		
POP-SP Seal	Signature of Authorized Signat	tory	Date d	i / m	lm /	у	УУ	у		
	[To be filled by CRA - Faci	litation Cen	tre (CRA-FC)							
					1 1		1 1			
Received by	CRA-F	C Registration	Number							
Received at				Date	d	d /	m	m /	у	у у
Acknowledgement Number (by CRA-FC)					]					
PRAN Alloted										
PRAN Alloted	ACKNOWLE	DGEMENT								
PRAN Alloted  Name of the Subscriber:	ACKNOWLE	DGEMENT								TT
	ACKNOWLE	DGEMENT								
Name of the Subscriber:	₹	DGEMENT	y y y							
Name of the Subscriber:  Contribution Amount Remitted:	₹	EDGEMENT	y y y							

# 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

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 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.

	Item No.	Item Details		Instruc		
	140.	Personal Details	This Form is applicable to Resident India Currently, Foreign Nationals / Other Cour . The applicant shall mention father's nam	atry individuals (( )( )) and	Pers	m for Non Resident Indians. ons of Indian Origin (PIO) are not allowed to open PRAN. I select the option to be printed on PRAN Card.
		Spouse Name	married, spouse name is mandatory.			
	1	Father's Name	Father's name is mandatory.	en	11	
			If father's name has more than 30 digits,	you may fill Annexure II to	or the	same.
		Mother's Name	Mother's name is mandatory  If Mother's name has more than 30 digits	vou may fill Annexure II f	for th	ne same.
			lease ensure that the date of birth matches	as indicated in the docum	ment	provided in the support.
		Date of Birth			S.No	
			1 Passport issued by Government of In-	The same of the sa	1	Passport issued by Government of India
				uiu.	2	Ration card with photograph and residential address
			<ul><li>2 Ration card with photograph.</li><li>3 Bank Pass book or certificate with Ph</li></ul>	otograph	3	Bank Pass book or certificate with photograph and residenti
			3 Bank Pass book or certificate with Ph	otograpii.		address
			4 Certificate of the POP bank for an exi	sting Bank customer.	4	Certificate of the POP bank for an existing Bank customer.
			5 Voters Identity card with photograph a	and residential address	5	Voters Identity card with photograph and residential address
			6 Valid Driving license with photograph		6	Valid Driving license with photograph and residential address
			7 Certificate of identity with photograph	signed by a Member of	7	Letter from any recognized public authority at the level
			Parliament or Member of Legislative	Assembly		Gazetted officer like District Magistrate, Divisional commissione BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate et
		ld antibe	8 PAN Card issued by Income tax depart		8	Certificate of address with photograph signed by a Member Parliament or Member of Legislative Assembly
		Identity, Correspondence & Permanent address	Aadhar Card / letter issued by Unique of India		9	Aadhar Card / letter issued by Unique Identification Authority India clearly showing the address
		details	10 Job cards issued by NREGA duly sig State Government		10	Job cards issued by NREGA duly signed by an officer of the State Government
2	2, 3 & 4		11 Identity card issued by Central/Sta Departments, statuary/ Regulatory A Undertakings, Scheduled commercia Institutions, Colleges affiliated to univ Bodies such as ICAI, ICWAI, ICSI, Ba	uthorities, Public Sector Banks, Public Financial ersities and Professional	11	The identity card/document with address, issued by any the following: Central/State Government and its Department Statuary/Regulatory Authorities, Public Sector Undertaking Scheduled Commercial Banks, Public Financial Institutions f their employees.
			12 Photo. Identity Card issued by De Police department's	fence, Paramilitary and	12	Latest Electricity/water bill in the name of the Subscriber Claimant and showing the address (less than 3 months old)
			13 Ex-Service Man Card issued by Min employees.	istry of Defence to their	13	Latest Telephone bill in the name of the Subscriber / Claima and showing the address (less than 3 months old) Latest Property/house Tax receipt (not more than one year old
			14 Photo Credit card.		14	Existing valid registered lease agreement of the house on stand
					15	paper (in case of rented/leased accommodation)
			opening form, the document may be ac- iii) If the address indicated on the documen form, a separate proof of address should & Permanent address are different, ther iiii) The KYC documents may be submitted	cepted as a valid proof of that submitted for identity probe obtained. All future compared for both have to be within a period of 30 days	roof commune subs	inters from the current address mentioned in the account opening incitations will be sent to correspondence address. If correspondence in the current control of the correspondence address and the correspondence in the co
3	6	Politically Exposed Person	example heads of state or of the government owned corporations, important political part	ent, senior politicians, seni ly officials.	nor g	overnment, judicial or military officials, selliof executives of sta
4	7	Subscriber's Bank Details	containing Subscriber Name, Bank Name, Subscriber name, a copy of bank passboo	Bank Account Number and k or bank statement or bate should be submitted	ank o	oported by a documentary proof. Please attach a cancelled cheq S Code. If cheque is not available or cheque is not preprinted w certificate or letter from Bank mentioning Subscriber Name, Ba
5	8	Subscriber's Nomination Details	accepted in the nomination(s). Sum of perc 100, entire nomination will be rejected.	entage share across all th	he no	ominees must be integer. Decimals/Fractional values shall not minees must be equal to 100. If sum of percentage is not equal
6	10	Pension Fund (PF) Selection and Investment Option	For more details on 'Investment Option', plo Subscribers from Government sector are o	currently not allowed to ex es issued by the Governm	nent.	se the investment option. As mentioned, your contribution will
		Declaration by	Clarification / Guidelines on filling details if  Jurisdiction(s) of Tax Residence: Since I  for tax purpose in USA.  Tax identification Number (TIN): TIN ne	applicant residence for tax US taxes the global income ed not be reported if it has	e of it	poses in jurisdiction(s) outside India is citizen, every US citizen of whatever nationality, is also a reside peen issued by the jurisdiction. However, if the said jurisdiction h (a "Functional equivalent"), the same may be reported. Example number, citizen/personal identification/services code/number a
7	11	subscriber on FATCA Compliance	of that type of number for individual incl resident registration number) If applicant residence for tax purpose in Number (TIN) In case applicant is declaring US per	ude, a social security/insur jurisdiction(s) within India, son status as 'No' but his	, Per	manent Account Number (PAN) to be provided as Tax Identificat Country of Birth is US, document evidencing Relinquishmen

## General Information for Subscribers

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

c) For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242 Call: 022-4090 4242
Address: Central Recordkeeping Agency (CRA)
NSDL e-Governance Infrastructure Limited
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel (W), Mumbai - 400013

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

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

### Please note:

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