# APPLICATION FORM FOR SUBSCRIBER REGISTRATION

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State / Union Territory *
Country *
Pin Code*
8. Phone No.
STD Code Phone No.
9. Mobile No.
10. Email ID
11. Do you want to subscribe to SMS Alerts Yes No
12. Subscriber's Bank Details: (please refer to Sr. No. 6 of the instructions)
Savings A/c Current A/c
Bank A/c Number
Bank Name
Bank Branch
Bank Address
Pin Code
Bank MICR Code
IFS code (Wherever applicable)
Section B - Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory)
1. Date of Joining*  2. Date of Retirement:
$\begin{array}{cccccccccccccccccccccccccccccccccccc$
3. Employée ID* :
4. Corporate Regd. No. allotted by CRA*:  allotted by CRA
Certified that the above declaration has been signed before me by
after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employme details is as per employee records available with the <b>Corporate.</b>
Signature of the Authorized Person  Designation of the Authorized Person:  Rubber Stamp of the Corporate
Date : Name of the Corporate
D D M M Y Y Y

Section C - Subscriber's Nomination Details (OPTIONAL - please refer to Sr. Name of the Nominee:  1st Nominee	3rd Nominee  First Name*  Middle Name  Last Name  3rd Nominee  3rd Nominee  3rd Nominee  3rd Nominee  3rd Nominee
First Name*  First Name*  Middle Name  Middle Name  Last Name  Last Name  Last Name  Last Name  And Nominee  Percentage Share:  St Nominee  Middle Name  Last Name  Last Name  And Nominee  Percentage Share:  St Nominee  Mominee's Guardian Details (in case of a minor Nominee):  1st Nominee's Guardian Details  2nd Nominee's Guardian Details  2nd Nominee's Guardian Details	First Name*  Middle Name  Last Name  3rd Nominee  3rd Nominee
Iddle Name  Middle Name  Middle Name  Last Name  Last Name  Date of Birth (In case of a minor):  St Nominee  Relationship with the Nominee:  St Nominee  2nd Nominee  Percentage Share:  St Nominee  9 2nd Nominee  Nominee's Guardian Details (in case of a minor Nominee):  1st Nominee's Guardian Details  2nd Nominee's Guardian Details	Middle Name  Last Name  3rd Nominee  3rd Nominee
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ast Name Last Name	Last Name
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Section D - Subscriber Scheme Preference (Please refer the instructions of Sec (Applicable, only if your corporate has given option to the subscriber to select the scheme details.  (i). PFM Selection for Active and Auto Choice*  PFM Name (in alphabetical order)	-
	ect only one PFM)
ICICI Prudential Pension Funds Management Company Limited	
IDFC Pension Fund Management Company Limited	
Kotak Mahindra Pension Fund Limited	
Reliance Capital Pension Fund Limited	
SBI Pension Funds Private Limited	
UTI Retirement Solutions Limited	

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(ii). Investment (	<u>Option</u>				
Active Choice	Auto Choice				
(For details on A	uto Choice, please refer to	the PFRDA	website www	w.pfrda.org.i	in)
2. In case y do, the A	asset Allocation instructions	ice, DO NOT will be ignore	fill up section and invest	on (iii) below i	relating to Asset Allocation. In case you
option)	_				
Asset Class	E (Cannot exceed 50%)	С	G	Total	
% share	(Cumot caccou 50 /0)			100%	

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Annexure CS-S1 Page 6 i). PFM Selection for Active and Auto Choice (Select only one PFM) PFM Name (in alphabetical order) Please tick only one ICICI Prudential Pension Funds Management Company Limited IDFC Pension Fund Management Company Limited Kotak Mahindra Pension Fund Limited Reliance Capital Pension Fund Limited SBI Pension Funds Private Limited UTI Retirement Solutions Limited (Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected). (ii). Investment Option **Active Choice Auto Choice** (For details on Auto Choice, please refer to the Offer Document) Note:-In case you do not indicate any investment option, your funds will be invested in Auto Choice In case you have opted for Auto Choice, DO NOT fill up section (iii) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment made as per Auto Choice. (iii). Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option)  $\mathbf{E}$ Asset Class  $\mathbf{C}$ G Total (Cannot exceed 50%) 100% % share Note:- The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP. Section D – Declaration & Authorization (Tier I & II) I hereby declare and agree that (a) I have read and understood the Offer Document, terms & conditions or the same was interpreted to me, and the answers entered in the application are mine. (b) I am a Citizen of India. (c) I have not been found or declared to be of an unsound mind under any law for the time being in force. (d) I am not an undischarged insolvent. (e) I do not hold any pre-existing account under NPS. I understand that there would be PFRDA approved *Terms and Conditions* for subscribers on the CRA website *governing I-pin* (to access CRA/NPSCAN and view details) & T-pin. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed. Declaration for availing of Swavalamban benefit (Please strike off if not applicable) I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed. Declaration under the Prevention of Money Laundering Act, 2002 I hereby declare that: 1. The contribution paid has been derived from legally declared and assessed sources of income. 2. I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust has the right to close the NPS account in case I am found guilty of violating the provisions of any Law, directly or indirectly, by any Competent Court of Law, having relation to the laws governing prevention of money laundering in the country.

, the applicant, do

Signature/Thumb

Impression\* of Subscriber

hereby declare that the information provided above is true to the best of my knowledge & belief.

Date:

(DD/MM/YYYY)

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Filled by POP			
A. POP Registration No.			
B. KYC Compliance:	Yes	No	
C. KYC document accepted for identity proof:			
D. KYC document accepted for address proof:			
E. Document accepted for date of birth proof:			
F. PAN Compliance:	Yes	No	
G. Copy of PAN Card Submitted:	Yes	No	
H. Submitted Cancelled Cheque:	Yes	No	
		Signature of Authorize	d Signatory
	Nama :	Signature of Francoine	
			Date :
			D D M M Y Y
POP Seal	Department :		
[To be filled by CRA /CRA-FC)]			
Received by:		CRA-FC Registration Number: _	
Received at:		Date:	
Acknowledgement Number (by CRA-FC)			

### INSTRUCTIONS FOR FILLING THE FORM

- a) Form to be filled legibly in **BLOCK LETTERS** and in **BLACK INK** only. 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 counter-signed by the applicant.
- b) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- c) The subscriber should affix a recent color photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- d) Signature /Thumb impression (LTI in case of males and RTI in case of females) should only be within the box provided in the form. The subscriber should not sign across the photograph. 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.
- e) 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.
- f) The subscriber's thumb impression should be verified by the designated officer of the employer accepting the form.
- g) Subscribers are advised to retain the acknowledgement slip signed / stamped by the employer where they submit the application.

Sr. No.	Item No.	Item Details	Guidelines for Filling the Form
			Subscriber's Personal Details
1.	1	Full Name	Please state your name as mentioned in the Proof of Identity failing which the application is liable to be rejected. If the Proof of identity has a name by which the applicant has been known differently in the past, than the one provided in this application form, then requisite proof should be provided e.g. marriage certificate, or gazetted copy of name change.
2.	3	Date of Birth	Please ensure that this matches with the Date of Birth as indicated in the document provided in support.
3.	4	PAN	Please provide copy of the your PAN card.
4.	6, 7	Present Address	All future communications will be sent to present address.

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5.	9, 10, 11	Contact No. & Email ID	It is advisable to mention either "be contacted in future.	Teleph	one number" or "Mobile number" or "Email ID" so that Subscriber can
6.	12	Bank Details	For Tier I, bank details are opti Code), all the bank details shall n		nowever, if a subscriber mentions any of the bank details(except MICR ory.
0.	12	Dank Details	For activation of Tier II, bank of details of which should match the		are mandatory. The subscribers shall provide a cancelled cheque, the letails provided for Tier II
	I.		Subscriber's Nomir	nation l	Details - Section C
7.	Percentag e Share	<ul><li>2) Subscriber can</li><li>3) Percentage sharnomination(s).</li></ul>	age share across all the nominees n	ore than be integ	er. Decimals/Fractional values shall not be accepted in the equal to 100. If sum of percentage is not equal to 100, entire
8.	Nominee' s Guardian Details	If a nominee is a r	minor, then nominee's guardian det	ails sha	ll be mandatory.
Illust	rative list of	documents accepta	ble as proof of identity and addre	ess	
No.		entity (Copy of any	one)	No.	Proof of Address (Copy of any one)
1	School Leav	ing Certificate		1	Electricity bill^
2	Matriculatio			2	Telephone bill^
3	Degree of R	ecognized Education	nal Institution	3	Depository Account Statement^
4		Account Statement		4	Credit Card Statement^
5		nt Statement / Passb	book	5	Bank Account Statement / Passbook^
<u>6</u> 7	Credit Card Water Bill			7	Employer Certificate^ Rent Receipt^
8	Ration Card			8	Ration Card
9		Assessment Order		9	Property Tax Assessment Order
10	Passport	Assessment Order		10	Passport
11	Voter's Iden	tity Card		11	Voter's Identity Card
12	Driving Lice			12	Driving License
13	PAN Card				Certificate of address signed by a Member of Parliament or Member
14		Legislative Assemb	by a Member of Parliament or lly or Municipal Councillor or a	13	of Legislative Assembly or Municipal Councillor or a Gazetted Officer.
			to bring original documents & t		ot be more than six months old on the date of applicationattested photocopies (Originals will be returned over-the-

### Subscriber Scheme Preference - Section D

# Kindly do not fill this section if your organisation has selected the scheme perference details for its subscribers. Active choice

- 1. PFM selection is mandatory. Kindly make a choice from Option A. The form shall be rejected if a PFM is not opted for.
- 2. Allocation under Equity (E) cannot exceed 50%
- 3. A subscriber opting for active choice may select the available asset classes ("E", "G", & "C"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table at Sr. No. (iii) is left blank, the application shall be rejected.

#### Auto choice

- 4. A subscriber opting for Auto Choice must also select a PFM from "Option A" of PFM Selection. The application shall be rejected if the subscriber does not indicate his/her choice of PFM
- 5. In case both investment option and the asset allocation at Sr. No. (ii) and Sr. No. (iii) are left blank, the subscriber's funds will be invested as per Auto Choice

For more details on investment options and asset classes, please refer to the PFRDA website www.pfrda.org.in'

## GENERAL INFORMATION FOR SUBSCRIBERS

- a) For any further clarification please refer to the PFRDA website www.pfrda.org.in or call on our toll free no. 1800110708
- b) The Subscriber can obtain the status of his/her application from the CRA website or through the respective employer.
- c) For more information

Visit us at http://www.npscra.nsdl.co.in

Call us at 022-24994200

e-mail us at info.cra@nsdl.co.in

Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, SenapatiBapatMarg, Lower Parel (W), Mumbai - 400 013.

प्रान का	र्ड हिंदी	में	मुद्रित	कराने	के	लिए	विवरण	दें ।	(कृपया	विवरण	देवनागरी	लिपि	में ही	दें):
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कृपया नोट करे कि इस अनुलग्नक में दिए अनुसार ही आपका नाम प्रान कार्ड पर दर्शाया जाएगा । तथापि, जन्मतिथि केवल अंग्रेजी में ही मुद्रित होगी ।

अभिदाता का	पूरा नाम	<b>₹</b> :
प्रथम नाम*		
मध्य नाम		
अंतिम नाम	:	
पिता का नाम प्रथम नाम*	:	
मध्य नाम		
अंतिम नाम	Ξ	
(* अनिवार्य स	थान दश	र्गता है)
		अभिदाता के हस्ताक्षर/अंगूठेकानिशान*
		अभिदाताकानाम :