NATIONAL PENSION	S	YS	STE	M	(N	IP:	S) -	- \$	SUI	BS	CI	RIE	3E	R	RE	GI	ST	R	ΑT	10	N	FC	R	M	Г						
Central Recordkeeping Agency (CF	RA) -	· Pro	otea	ı eG	ov T	ech	nolo	gie	s Lir	nite	ed (f	orm	erly	NS	SDL e	-Go	verr	nanc	e Ir	ifras	truc	tur	e Lt	d.)							
Please select your category [Please tick(✓)]		Ce All	ntra ntra Citi	l Au zen	tono Moc	lel	us E	Bod	у					St	ate (ate <i>l</i> orpo	Auto	non			ody							cm	t ph		m s	h of ize /
To, National Pension System Trust. Dear Sir/Madam, I hereby request that an NPS account be								_		_																					
* indicates mandatory fields. Please fill the KYC Number, Retirement Adviser Cod																															
KYC Number (if applicable) Retirement Adviser Code (If applicable)				-													nerat					′C R	legis	try							
		r to	Cr. N	. 1 .	ftho	inat	n cotic	,,,,					<u> </u>																		
 PERSONAL DETAILS: (Please Name of Applicant in full 		Shri		0.10		Smt		115)		Κι	ımaı	ri [7																		
First Name*			Т																					Τ							
Middle Name																															
Last Name																															
Subscriber's Maiden Name (if any)																															
Father's Name*	F	i	r	S	t								M	i	d	d		е							L i	а	S	t			
(Refer Sr. No. 1 of instructions) Mother's Name*	F	l	r	S	t								M	l i	d	d		e								a	s	t			
(Refer Sr. No. 1 of instructions)	<u> </u>				la de de					1			L	<u> </u>		N.			., -		1				-		~	-			
Father's name will be printed on PRAI Date of Birth*	N car	d. In	case	, mot	ner's	nam ,	e to I	oe pi	rinted	inst	ead (me [F th sh				-	 Lbv.r	olov	ant (docu	mo	ntan	, nro	of)				
City of Birth*	u	u	1		111	/	У	У	У	У		(Da		I DII	11 511	Julu	De 5	uppo		Т	T	ant c	Jocu		Illary	/ pro	101)				
Country of Birth*			+	<u> </u>											+				+	1			+	+	+	+					
Gender* [Please tick (✓)]	Mal	 a [+		Fο	mal	e [1		tho	rs [<u> </u>				Na	tion	 alitv	*			Ind	lian	\vdash	<u> </u> 1						
Marital Status*	Ma						ried				othe	_ ers [ING	tioni	anty				IIIu	liali		J						
Spouse Name*	F	i	r	S	t								M	i	d	d		е							L	а	S	t			
(Refer Sr. No. 1 of instructions)																															
Residential Status*	Ind	ian																													
2. PROOF OF IDENTITY (Pol)* (Any	one	of the	e doc	ume	nts r	need	to b	e pro	vide	ed ald	ong v	with	the	ident	ificati	ion n	umb	er)												
Passport													Pa	ass	port	Expi	iry D	ate			d	d	/	n	n n	n .	/	У	У	У	У
Voter ID Card															Card									╄		_	4				
Driving License													D	rivir	ng Li	cens	se E	xpir	y Da	ate	d	d	/	n	n n	n .	/	У	У	У	У
NREGA JOB Card	NIO		- 6 41-	- 10											T .	Б		N.I.	T		la .		1	T _D ı			S- NI	- 0 -	£41 !-	4	4:
Others	ivai	me	of th	е ір												D		IN	u	Ш	D	е		Pi	ease r	erer S	or. IN	0. 2 0	t the ir	istruc	tions.
UID (Aadhaar) (UID) [A	Aadh	naar]	nun	nber	not	req	uire	d.)																						
As per the amendments made under Pre at present, please ensure that these det																		9, <i>PA</i>	N or	Form	60 is	man	dator	y ur	nder I	VPS.	lf yo	u do	not h	ave	PAN
3. PROOF OF ADDRESS (PoA) [Please tick (✓), as applicable] #Not more than 2 months old. Please refer Sr. No. 2 of the instructions	*				Pas Car Reg Red #La	ssport d/Rat gister ceipt	/Driv tion C ed Lea	ing L ard/C ase/S	Others Sale aç	e/UID green) (Aad	dhaar of resi	idenc	e/Mu	card/l inicipa ndline (l Tax		b F	Passp Card/F Regist Recei	Ration ered I ot st Pipe	riving Card _ease	Lice /Othe /Sale	ense/L ers e agre	JID	ent of	resic	lenc	e/Mu	ınicipa	al Ta	GA Job x ostpaid
4.1 CORRESPONDENCE ADDR	ESS	DE	TAI	LS*																											
Address Type*	Res	side	ntial	/Bus	ines	ss		Re	eside	entia	al		Bı	ısir	ness		Re	eais	tere	d Of	fice] LI	Insi	peci	fied					
Flat/Room/Door/Block no.									, o.u.c								_	ndm									<u> </u>				
Premises/Building/Village			1																					$^{+}$			\dashv				
Road/Street/Lane			1												+									$^{+}$	+	\dagger	\dashv				H
Area/Locality/Taluk															+									Ť	\dagger	\dagger	\forall				
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State/U.T.			1																			С	0		J I	1	t	r	У		
4.2 PERMANENT ADDRESS DE	TAIL	_S*				Tick	((√)	in th	ne bo	x in	case	e the	add	res	s is sa	ame	as al	oove).		_	_									
				(5									1														_				
Address Type*	Res	side	ntial	/Bus	ines	SS		Re	eside	entia	al		βι	usir	ness					d Of	tice		U	ıns	peci	tied	L				
Flat/Room/Door/Block no.			1												1		Lar	ndm	ark	T				+	+	+	<u> </u>				
Premises/Building/Village			<u> </u>												<u> </u>					<u> </u>				<u>_</u>	_	+	_				
Road/Street/Lane															<u> </u>									<u> </u>	_	+	_				
Area/Locality/Taluk															<u> </u>							<u></u>			+	+	_				
City/Town/District																				<u> </u>	F	PIN	Coc	de		_	_				
State/U.T.																						С	0	Į	l l	1	t	r	У		

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 choice of PF
UTI Retirement Solutions Limited		5.18.18.5 5.1
ICICI Prudential Pension Funds Management Company Limited		
Kotak Mahindra Pension Fund Limited		
HDFC Pension Management Company Limited		
Aditya Birla Sun life Pension Management Limited		

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice Auto Choice

Please note:

- 1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50)
- 3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

^{*} Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(iii'	ACTIVE CHOICE - ASSET ALLOCATION	(to be filled up	only	in case v	ou have selected '	'Active Choice	the investment of	option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G - Government Bonds and related instruments; Asset Class
Specify %					100%	A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.
Choices in Govt sector	Not ava	ailable	Available	Not available	In case	of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only

Please note:

Name of subscriber

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)	Please Tick (✓)	Choices in Govt	
Funds	Only One	sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50		Available	3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 25		Available	

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):							
Section I*							
US Person* Yes No	US Person* Yes No No						
Section II*							
For the purposes of taxation, I am a resident ir out below or I have indicated that a TIN/function							
Particulars		Country (1)	Country (2)	Country (3)			
Country/countries of tax residency							
	Address Line 1						
Address in the jurisdiction for Tax	City/Town/Village						
Residence	State						
	ZIP/Post Code						
Tax Identification Number (TIN)/Functional ed	quivalent Number						
TIN/ Functional equivalent Number Issuing C	ountry						
Validity of documentary evidence provided (Wh	erever applicable)	dd / mm / yyyy	dd I mm I yyyy	dd / mm / yyyy			
"I certify that: a) It shall be my responsibility to educate myself Rules 114F to 114H of the Income tax Rules, b) the information provided by me in the Form, it correct and complete and that I have not withh or otherwise. c) I permit/authorise the NPS Trust to collect, st and any of NPS intermediaries wherever situse confidential information for compliance with an dthe Form, its supporting Annexures as well as certification along with documentary evidence e) I also agree that in case of my failure to disclo designated by the Government of India (GOI) deficiency is not remedied by me within the stift or confirming the information provided by me g) I also agree to furnish such information and/or abroad in the subject matter herein. h) I shall indemnify NPS Trust for any loss that me	1962 thereunder and supporting Annexuseld any material informated including sharing and its close within 30 das in the documentary, see any material fact leaf (RBI/IRDA/PFRDA for pulated period. S Trust shall have the tothe NPS Trust or documents as the	the information provided res as well as in the docur mation that may affect the ad process information relig, transfer and disclosure whether domestic or foreigys from the date of change evidence provided by me known to me, now or in fut or the purpose or take any exight and authority to car.	In the Form is in accordance with the nentary evidence are, to the best of assessment/categorization of the acting to the Account and all transact between them and to the authorities in. I. e., any changes that may take place or if any certification becomes incoure, the NPS Trust may report to any other action as may be deemed appropriately out investigations from the information time to time on account of any other action as may be deemed appropriately out investigations from the information.	e aforesaid rules, my knowledge and belief, true, count as a Reportable account tions therein, by the NPS Trust is in and/or outside India of any e in the information provided in orrect and to provide fresh self-y regulator and/or any authority propriate by the NPS Trust if the ation available in public domain change in law either in India or			
Date ddl/mm/lyyy	у						
Place :							

r 1.5	CSR
12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instruct	ione)
Declaration & Authorization by all subscribers	ons)
I have read and understood the terms and conditions of the National Pension Syste and declare that the information and documents furnished by me are true and corrections.	m and hereby agree to the same along with the PFRDAAct, regulations framed thereunder ect, to the best of my knowledge and belief. I undertake to inform immediately the Central bove information furnished by me. I do not hold any pre-existing account under NPS. I ation or documents.
	by CRA, from time to time and any amendment thereof as approved by PFRDA, whether ound by the terms and conditions for the usage of I-PIN (to access CRA website and view
Declaration under the Prevention of Money Laundering Act, 2002	
	from legally declared and assessed sources of income. I understand that NPS Trust has ent authorities. I further agree that NPS Trust has the right to close my PRAN in case I am g.
Date dd/mm//yyyyy	
Place :	
	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
13. DECLARATION BY EMPLOYER	
	ment Subscribers only
	-
	d attested by the Deptt. (All Details are Mandatory)
Date of Joining	Date of Retirement
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you intend
PPAN (If applicable)	to provide, mention any one.
Group of Employee (Tick as applicable) Group A	up B Group C Group D
Office	
Department	
Ministry	
DDO Registration Number	
DTO/PAO/CDDO/DTA/PrAO Registration Number	
Basic Pay	
Pay Scale	
It is certified that the details provided in this subscriber registration form	
the address and employment details provided above are as per the ser he/she has read entries/entries have been read over to him/her by us a	vice record of the employee maintained by us. Also, it is further certified that and got confirmed by him/her.
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 d / m m / y y y y
14. DECLARATION BY EMPLOYER/ CORPORATE	
	rate Subscribers only
(Subscribers Employment Details to be filled and	attested by Corporate (All Details are Mandatory))
Date of Joining	Date of Retirement d d / m m / y y y y
Employee Code/ID	
Corporate Regd. Number (CHO No.) Allotted by CRA	
CBO No. allotted by CRA	
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the ementries / entries have been read over to him / her by us and got confirmed by	employed with us, including the ployee maintained by us. Also, it is further certified that he / she has read the y him / her.
Date d d / m m / y y y y	Place
Oire-three of the A. the dead or one of the A.	_
Signature of the Authorised person (In the box above)	
Designation of the Authorised Person	Pubbor Stamp of the Corporate (In the boy above)

15. DECLARATION BY THE AGGREGAT	OR			
		S Lite Subscribers		
Authorisation by Aggregator's office (
Certified that the subscriber is registered and the above declaration has been sign been read over to her/him by me.	with the aggregator and he/she ha		-	
Signature of the Authorised pe	rson (In the box above)	Rubber S	tamp of the Aggregator (I	In the box above)
Name of the Aggregator				
NPS Lite Account Office (NL-AO) Registration	Number NF	PS Lite - Collection Centre (NL	CC) Registration Number	r [
Membership No. allotted by Aggregator (if any	/)			
Place	Date dd/mmm//	у у у у		
16. TO BE FILLED BY POP-SP				
Receipt No. (17 digits) Document accepted for date of Birth Pro	pof:	POP-SI	P Registration Numbe	er
Copy of PAN card submitted YES	NO K	YC Compliance YE	S NO	
Documents Received: (C	Originals Verified) Self Certified	(Attested) True Cop	pies	
Identity Verification : Do	one			
Demat/Folio/account (spe The KYC documents available with us t Rules. I / We further confirm that the Sav of Bank PoP)	for this customer/client matches t	he requirement for oper	ning NPS account and	d are in compliance with PMLA
		Name: Designation	n·	Place:
POP-SP Seal	Signature of Authorized Signa		d d 1 m m 1	у у у у
	[To be filled by CRA - Fac	ilitation Centre (CRA-		
Received by		FC Registration Number	<i>-</i>	
Neceived by	CIVA-			
Received at			Date d d	i / m m / y y y
Acknowledgement Number (by CRA-FC)				
PRAN Allotted				
	ACKNOWL	EDGEMENT		
Name of the Subscriber:				
Contribution Amount Remitted:	₹			
Date of Receipt of Application and Contr	ibution Amount: ddd/m	m I y y y y		

Ver 1.5

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.

 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 POR SR / Nodel Office.

	The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.												
S. No	Item No.	Item Details		Instr	ruction	ns							
		Personal Details	ii. Cu	is Form is applicable only for Resident Indians. There is a sep irrently, Foreign Nationals / Other Country Individuals (OCI) ar e applicant shall mention father's name and mother's name ar	nd Pers	sons of Indian Origin (PIO) are not allowed to open PRAN.							
		Spouse Name		ried, spouse name is mandatory.									
1	1	Father's Name	i. Father's name is mandatory. ii. If Father's name has more than 30 digits, you may fill Annexure II for the same.										
		Mother's Name	i. Mother's name is mandatory ii. If Mother's name has more than 30 digits, you may fill Annexure II for the same.										
		Date of Birth	Pleas	lease ensure that the date of birth matches as indicated in the document provided in the support.									
			S.No		S.No	111111							
			2	Passport issued by Government of India. Ration card with photograph.	2	Passport issued by Government of India 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							
			7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.							
			8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly							
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address							
		Permanent address details	10	Job cards issued by NREGA duly signed by an officer of the State Government		Job cards issued by NREGA duly signed by an officer of the State Government							
2	2, 3 & 4		11	Identity card issued by Central/State government and its 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.		The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.							
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / 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)							
			(ii) If t for & I	ening form, the document may be accepted as a valid proof o he address indicated on the document submitted for identity p	f both i proof di mmuni e subm	iffers from the current address mentioned in the account opening cations will be sent to correspondence address. If correspondence litted.							
3	6	Politically Exposed Person	exam owne	ple heads of state or of the government, senior politicians, sed corporations, important political party officials.	nior go	entrusted with prominent public functions in a foreign country, for present, judicial or military officials, senior executives of state-							
4	7	Subscriber's Bank Details	Subso Name	ining Subscriber Name, Bank Name, Bank Account Number a criber name, a copy of bank passbook or bank statement or l , Bank Account No. and IFS Code should be submitted.	nd IFS bank c	ported by a documentary proof. Please attach a cancelled cheque Code. If cheque is not available or cheque is not preprinted with ertificate or letter from Bank mentioning Subscriber Name, Bank							
5	8	Subscriber's Nomination Details	Fracti of per	onal values shall not be accepted in the nomination(s). Sum of centage is not equal to 100, entire nomination will be rejected.	perce	entage share value for all the nominees must be integer. Decimals/ ntage share across all the nominees must be equal to 100. If sum							
6	10	Pension Fund (PF) Selection and Investment Option	Actice the ch	Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto (Choice'	ds and allocate their investments either in Asset Class'G' under' '. In case a Government employee/subscribers does not exercises 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI							
7	11	Declaration by subscriber on FATCA Compliance	Clarifi Ju for Ta iss of re If a In Ci	cation / Guidelines on filling details if applicant residence for ta risdiction(s) of Tax Residence: Since US taxes the global incom rax purpose in USA. x identification Number (TIN): TIN need not be reported if it has sued a high integrity number with an equivalent level of identificant that type of number for individual include, a social security/insu sident registration number) applicant residence for tax purpose in jurisdiction(s) within India, Perm case applicant is declaring US person status as 'No' but hi tizenship should be provided or reasons for not having relinqu	ne of its s not be cation urance anent A s/her (ishmer	s citizen, every US citizen of whatever nationality, is also a resident een issued by the jurisdiction. However, if the said jurisdiction has (a "Functional equivalent"), the same may be reported. Examples number, citizen/personal identification/services code/number and account Number (PAN) to be provided as Tax Identification Number (TIN) Country of Birth is US, document evidencing Relinquishment of it certificate is to be provided							
8	12	Declaration by Subscriber	desig	nated officer of POP/POP-SP/Nodal office with the official sea ssion in case of females.	l and s	the form. Thumb impression, if used, should be attested by the tamp. Left Thumb Impression in case of males and Right Thumb							
				General Information for Subscribe	rs								

General Information for Subscribers

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

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

Ver 1.5 Annexure A to CSRF

Equity Allocation Matrix for Active Choice

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

Please note:

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