Ver 1.3 NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) – NSDL e-Governance Infrastructure Limited

Please select your of	category
[Please tick($$)]	

State Govt. 🗹

To, National Pension System Trust.

Dear Sir / Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

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	PERSONAL DETAILS: (Please	refe	r to S	or. INC	o.1 o	f the	e inst	ructio	ons)																								
	Name of Applicant in full	5	Shri				Smt	. [Ku	mari																					
	First Name*																					_											
	Middle Name																																
	Last Name																																
	Subscriber's Maiden Name (if any)																																
	Father's Name*	F	i	r	S	t							N	1	i d	C			е							L	а	S		t			
	(Refer Sr. No. 1 of instructions)																				-												
	Mother's Name* (Refer Sr. No. 1 of instructions)			Γ	S	τ							IV			0			е								а	S		t			
	Father's name will be printed on PRAM	l car	d. In	case	, mot	her's	s nam	ie to	be p	rinteo	d inste	ad of	ather	's na	ame [Plea	ase t	ick	(√)]													
	Date of Birth*	d	d	/	m	m	/	У	У	у	у	(Date	of B	irth sl	noul	d be	su	ррс	orte	d by	relev	ant	do	cum	nent	ary	oroc	f)				
	City of Birth*																																
	Country of Birth*	1	N	D	1	А								T							1	1		T				T	T				
	Gender* [Please tick (✓)]	Mal	le 🗌	7		Fe	mal	e 🗆	7	C	Dther	s 🗌				N	latio	na	lity	k				In	diar	n 🗸		_	_				
	Marital Status*	Mai	rried			Ur	nma	riec	1		С	thers																					
	Spouse Name*	F	i	r	S	t							N	1	i d	C			е							L	а	S		t			
	(Refer Sr. No. 1 of instructions)																																
	Residential Status*	Indi	ian																														
2.	PROOF OF IDENTITY (Pol)* (A	Any o	one c	of the	e doc	ume	ents r	need	to b	e pro	ovide	d alon	g with	n the	e iden	tifica	ation	nu	mb	er)													
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	NREGA JOB Card														-														1 -		-		
	Others	Nar	me c	of the	e ID											D			Ν	U	m	b	e	è	r	Plea	se ref	er Sr.	No.	2 of tl	he in	struc	ions.
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2	As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.										nanc	e of R	ecord	l wit s) S	h PFF Secon	RDA d An	till s nend	ucl me	n tir nt F	ne i Rule	t is a s, 20	ctinę	g as adl	naa	RA f	or n d P/	iy N N a	PS a	acco	ount dato	t. ry u	nde	
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Passport size

Ver 1.3

CSRF

5. CONTACT DETAILS	
Tel. (Off) (with STD code) + Tel. (Res): (with STD code) +	
Mobile* (Mandatory) + 9 1 (Mobile Number is required for communic	ation and to get SMS alerts)
Email ID	
 OTHER DETAILS (Please refer to Sr no. 3 of the instructions) Occupation Details* [please tick(✓)] 	
Government Sector	
▶ Income Range (per annum) Upto 1 lac □ 1 lac to 5 lac □ 5 lac to 10 lac □ 10 lac to 25 lac	25 lac and above
	rofessionals (CA, CS, CMA, etc.)
7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)	
(All the bank details are mandatony except MICP Code.)	
Account Type [please tick(✓)] Savings A/c □ Current A/c □ !!! ENCLOSE CANC	ELLED CHEQUE
Bank A/c Number	
Bank Name	
Branch Name	
Branch Address	N Code
State/U.T.	Country
Bank MICR Code	
8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)	Nemination Form) and its second (
Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additiona	
First Name Middle Name	Last Name
Relationship with the Nominee	
Date of Birth (In case of Minor)	/ m m / y y y y
Nominee's Guardian Details (in case of a minor)	
First Name Middle Name	Last Name
9. NPS OPTION DETAILS (Please tick (\checkmark) as applicable)	
I would like to subscribe for Tier II Account also NO 🗹 If Yes, please submit details in Annexure I.	
(If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to F POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)	POP/POP-SP of your choice. The list of POP/
I would like my PRAN to be printed in Hindi NO 🗹 If Yes, please submit details on Annexure II	
10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions)	
NOT APPLICABLE FOR STATE GOVERNMENT EMP	LOYEES

NOT APPLICABLE FOR STATE GOVERNMENT EMPLOYEES

Section I*

US Person*

No 🖌

Section II*

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 set out 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):

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

Particulars	Country (1)		
Country of tax residency		INDIA	
	Address Line 1		Pleas
Address in the jurisdiction for Tax Residence	City/Town/Village		fill up
	State		these details
	PIN Code		detain
Permanent Accou			
PAN Issuing Country	INDIA		
Validity of documentary evidence provided (W	herever applicable)	Lifetime Validity	

"I certify that:

- a) 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 read 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 aforesaid rules,
- b) 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 and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) 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 and to provide fresh self-certification along with documentary evidence,
- e) 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 any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date d / r	n m I y y y y	
Place :		Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
Name of subscriber		

Ver	1.3
V CI	1.0

12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions	3)									
Declaration & Authorization by all subscribers										
I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDAAct, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.										
I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, wheth complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and vie details) & 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 right to peruse my financial profile or share the information, with other government found violating the provisions of any law relating to prevention of money laundering.										
Date d d / m m / 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										
To be filled by Nodal Office Applicable to Governme										
(Subscribers Employment Details to be filled and at										
Date of Joining d d / m m / y	Date of Retirement									
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	B Group C Group D									
Office										
Department										
Ministry S T A T E G O V T										
DDO Registration Number										
DTO Registration Number										
Basic Pay										
Pay Scale										
It is certified that the details provided in this subscriber registration form by the address and employment details provided above are as per the service he/she has read entries/entries have been read over to him/her by us and g	record of the employee maintained by us. Also, it is further certified that									
Signature of the Authorised person (In the box above)Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above) Rubber Stamp of the DTO/PAO/CDDO/ 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									
[To be filled by CRA - Facilit	tation Centre (CRA-FC)]									
Received by CRA-FC	Registration Number									
Received at	Date d d / m m / y y y y									
Acknowledgement Number (by CRA-FC)										
PRAN Alloted										
ACKNOWLED	OGEMENT									
Name of the Subscriber:										
Contribution Amount Remitted: ₹										
Date of Receipt of Application and Contribution Amount:	m I y y y y									