APPLICATION FORM FOR SUBSCRIBER REGISTRATION

				(* T	ndies	tor N	land	atory	Field	1)															
(* Indicates Mandatory Field) (To avoid mistake(s), please follow the accompanying instructions before filling up the form)																									
Acknowledgement Number (by CRA-FC)																							recei hotog		
																							2.5 c		
Permanent Retirement A	Accou	nt Nu	mbei	r:																					
(To be filled by CRA-FC	C after	PRA	AN ge	enerat	ion)																				
Note: This form is to be use	ed by	a subs	scrib	er woi	rking	for a	Orga	nizati	on re	gister	ed un	der C	orpor	ate 1	node	l of N	JPS fo	or							
the opening up of a Tier I &					C		U						I												
																			S					ession k ink	
Sir/Madam,																				0	ubser	1001 1	n orac	<u> </u>	
I hereby request that a NPS			-		-	name	e and	Perm	anen	Reti	remei	nt Ac	count	num	ber (I	PRAN	N) be a	allotte	ed as p	per pa	rticul	lars g	iven t	elow:	
Section A– Subscribe 1. Full Name (Full expanded)						nitted)																		
Please Tick as applicable First Name *		Shri			-	Smt.				Ku	mari														
Middle Name																									
Last Name																									
I would like my PRAN card	to be	printe	ed in	HINE	DI: Y	es 🗌		No		(If	Yes, j	please	e prov	ide tl	ne de	tails i	in the	anney	ure C	CS-SH	I1on l	Page	No9)		
2. Gender * Male				Fem	ale																				
3. Date of Birth *									4.1	PAN		[
	D	DI	М	М	Y	Y	Y	Y				(fo	r PAI	N, plo	ease 1	refer	to Sr.	. No.	3 of tl	he ins	struct	tions)		
 Father's Full Name: First Name * 																									
Middle Name																									
Last Name																									
6. Present Address* (Fields Flat/Unit No, Block no.*	mark	ed wi	th* a	are m	anda	tory)	:																		
Name of Premise/Building/V	/illage	e																							
Area/Locality/Taluka																									
District/Town/City*			Γ						[[[[[
State / Union Territory*	1	1	-			1	1	1					1				1								
Country*			-														1								
Pin Code*		1 T				۱ ا	1	1	1	I	I	I	1	I	1	<u> </u>	1	1					1	I]
7. Permanent Address*:If sa	me as	abov	e. Pl	ease T	ick [، ۱	else {	Field	s mai	ked '	wjth*	are	mand	lator	v}:										
Flat/Unit No, Block no.*			.,		···· [` 									, ,. 								<u> </u>		
Name of Premise/Building/	Villag	je	1 T	<u>т</u>		<u> </u>	ı	ı	і — Г	I	I	I	 	I	I	I	ı						 		
Area/Locality/Taluka			<u> </u>			 	 	 	<u> </u>	I	I	I	 	I	I	I	 								
District/Town/City*				1		<u> </u>	1	<u> </u>								<u> </u>									
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Page 1

	Page 2
State / Union Territory *	
Country *	· · ·
Pin Code*	
Phone No.	
STD Code Phone No.	
Mobile No.	
). Email ID	
I. Do you want to subscribe to SMS Alerts Yes No	
2. Subscriber's Bank Details : (please refer to Sr. No. 6 of the instructions)	
Savings A/c Current A/c	
ank A/c Number	
Bank Name	
Bank Branch	
Bank Address	
Pin Code	
Bank MICR Code	
IFS code (Wherever applicable)	
ection B - Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory)	
1. Date of Joining* 2. Date of Retirement:	
D D M M Y Y Y Y D D M M Y Y	Y Y
3. Employée ID* :	
4. Corporate Regd. No. 5. CBO No. allotted by CRA*:	
allotted by CRA*	
allotted by CKA*	
tified that the above declaration has been signed before me by	
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tified that the above declaration has been signed before me by	d employm

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Section C - Subscriber's Nomination Details (OPTIONAL - please refer to Sr. No 7&8 of the instructions)

1. Name of the Nominee:	· -						
1st Nominee	2nd Nominee	3rd Nominee					
First Name*	First Name*	First Name*					
Middle Name	Middle Name	Middle Name					
Last Name	Last Name	Last Name					
2. Date of Birth (In case of a minor):							
1st Nominee	2nd Nominee	3rd Nominee					
3. Relationship with the Nominee:							
1st Nominee	2nd Nominee	3rd Nominee					
A Demonstrate Channel							
4. Percentage Share: 1st Nominee	2nd Nominee %	3rd Nominee %					
ist Nommee %	2nd Nommee %	Sid Nommee %					
5. Nominee's Guardian Details (in case of a minor Nomi	noo).						
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details					
First Name*	First Name*	First Name*					
Middle Name	Middle Name	Middle Name					
	Last Name	Last Name					
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Section D - Subscriber Scheme Preference (Please refer the instructions of Section D Page No. 8 for further details):

(Applicable, only if your corporate has given option to the subscriber to select the scheme details. Kindly Contact your Employer for further details)

(i). PFM Selection for Active and Auto Choice*

PFM Name (in alphabetical order)	Please tick only one (Select only one PFM)
HDFC Pension Management Company Limited	
ICICI Prudential Pension Funds Management Company Limited	
Kotak Mahindra Pension Fund Limited	
LIC Pension Fund Ltd	
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 PFRDA website www.pfrda.org.in)

Note:-

- 1. In case you do not indicate any investment option, your funds will be invested in Auto Choice
- 2. 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)

Asset Class	E (Cannot exceed 50%)	С	G	Total
% share				100%

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.

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Annexure CS-S1		Page 5	
TIER II	DETAILS		
I hereby submit the following details for activation of Tier – II	account under NPS.		
1. Subscriber's Bank Details*:(MANDATORY - please refer t	o Sr. No. 6 of the instruction	ons)	
If same as Tier I, Please Tick else, fill in the details b	elow:		
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)			
2. Subscriber's Nomination Details (OPTIONAL - please r	efer to Sr. No. 7 & 8 of t	the instructions)	
If same as Tier I, Please Tick else,			
	d Nominee	3rd Nominee First Name*	
Middle Name Middle Name		Middle Name	
Last Name Last Name		Last Name	
Date of Birth (In case of a minor)*: 1st Nominee * 2nd Nominee *		3 rd Nominee *	
Relationship with the Nominee:			
1st Nominee 2nd Nominee		3 rd Nominee	
Percentage Share:			0/
1st Nominee % 2nd Nominee	%	3rd Nominee	%
Nominee's Guardian Details (in case of a minor): 2nd Nominee's Guardian 1st Nominee's Guardian Details 2nd Nominee's Guardian	Details 3rd Nor	ninee's Guardian Details	
First Name* First Name *		First Name*	
Middle Name Middle Name		Middle Name	
Last Name Last Name		Last Name	

i). PFM Selection for Active and Auto Choice (Select only one PFM)

PFM Name (in alphabetical order)	Please tick only one
HDFC Pension Management Company Limited	
ICICI Prudential Pension Funds Management Company Limited	
Kotak Mahindra Pension Fund Limited	
LIC Pension Fund Ltd	
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:-
 - 1. In case you do not indicate any investment option, your funds will be invested in Auto Choice
 - 2. 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)

Asset Class	E (Cannot exceed 50%)	С	G	Total
% share				100%

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 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.

I, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.	
Date : (DD/MM/YYYY)	Signature/Thumb Impression* of Subscriber

Annexure CS-S1	Page 7
To be 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 Authorized Signatory
	Name : Place :
	Designation : 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)	
I	NSTRUCTIONS FOR FILLING THE FORM
 application processing. Please do not overwrite. O by the applicant. b) Each box, wherever provided, should contain only c) The subscriber should affix a recent color photogr clipped to the form. (The clarity of image on PRA d) Signature /Thumb impression (LTI in case of ma should not sign across the photograph. If there application shall not be accepted. e) Applications incomplete in any respect and/or not mandatory fields are left blank or the application f f) The subscriber's thumb impression should be v 	S and in BLACK INK only. Please fill the form in legible handwriting so as to avoid errors in your Corrections should be made by cancelling and re-writing and such corrections should be counter-signed v one character (alphabet/number/punctuation mark) leaving a blank box after each word. raph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or N card will depend on the quality and clarity of photograph affixed on the form.) ales and RTI in case of females) should only be within the box provided in the form. The subscriber is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the accompanied by required documents are liable to be rejected. The application is liable to be rejected if form is printed back to back.
Sr. Item No. Item Details	Guidelines for Filling the Form

	No.	Item No.	Item Details	Guidelines for Filling the Form						
Ī		Subscriber's Personal Details								
	1. 1 Full Name		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.						
ĺ	3.	4	PAN	Please provide copy of your PAN card.						
	4.	6, 7	Present Address	All future communications will be sent to present address.						

5.	9, 10, 11	Contact No. & Email ID	It is advisable to mention either "Telephone number" or "Mobile number" or "Email ID" so that Subscriber can be contacted in future						
6.	12	Bank Details	For Tier I, bank details are opt Code), all the bank details shall r	ails are optional, however, if a subscriber mentions any of the bank details(except MICR tails shall mandatory.					
			For activation of Tier II, bank details are mandatory. The subscribers shall provide a cancelled cheque, the details of which should match the bank details provided for Tier II						
		[Subscriber's Nomin	ation D	Details - Section C				
7.	Percentag e Share	 2) Subscriber cannol 3) Percentage share 	ominate a maximum of three nomi ot fill the same nominee details more value for all the nominees must be ge share across all the nominees m	re than of the integer	once. r. Decimals/Fractional values shall not be accepted in the nomination(s). qual to 100. If sum of percentage is not equal to 100, entire nomination				
8.	Nominee' s Guardian Details				be mandatory.				
Illus	trative list of	documents acceptab	le as proof of identity and addres	s					
No	Proof of Ide	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	al Institution	3	Depository Account Statement^				
4		Account Statement		4	Credit Card Statement^				
5		nt Statement / Passbo	ook	5	Bank Account Statement / Passbook^				
6	Credit Card			6	Employer Certificate^				
7	Water Bill			7	Rent Receipt^				
8	Ration Card			8	Ration Card				
9	Property Tax Passport	x Assessment Order		9 10	Property Tax Assessment Order Passport				
10	Voter's Iden	tity Card		10	Voter's Identity Card				
11	Driving Lice			11	Driving License				
12	PAN Card			14	Ŭ				
14	Certificate of identity signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.			13	Certificate of address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.				
	Gazetted Officer. Note: 1) Proof of Address mentioned in Sr. No. 1 to 7 (^) should not be more than six months old on the date of application. 2) You are required to bring original documents & two self-attested photocopies (Originals will be returned over-the-counter after verification)								

Subscriber Scheme Preference - Section D

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

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

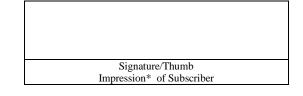
e-mail us at info.cra@nsdl.co.in

Write to: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013. Details for printing PRAN card in Hindi (please provide the details in Devnagri script):

Please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only.

Subscriber's Fu	ıll Name	
First Name *	:	
Middle Name	:	
Last Name	:	
Father's Full N	ame:	
First Name *	:	
Middle Name	:	
Last Name	:	

(* indicates Mandatory Field)



Name of the Subscriber: