NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM - Private Sector  How did you hear about NPS Friend/ family Social media Newpaper/magazines TV / Radio Financial advisor /apps Employer														RIB	ER R	REGI	STR	ATIO	ЭИ Г	FORN	/1 - F	Priva	ate :	Sect	tor										
How did you hear about N	PS		Frie	nd/	fam	ily		Soci	ial m	nedia	a [		New	pape	er/ma	gazi											dvisor /apps Employer								
PRAN Card & Kit*		i. PRAN Card (please tick(v)) ii. Acco											cou	nt O	peni	ng K	it (pl																		
(refer sl no.1 of instructions)		ePF	RAN	Cai	rd		Phy	/sica	al PF	RAN	Car	d	Γ	Т	hrou	ıgh E	Emai	ı		Physic	cal K	it (C	ouri	er)					Pa	ste					
Print my PRAN in Hindi							YES	, [		NO		lf Ye	s. ple	ease	subn	nit d	etails	as p	er Ar	nexu	re I									ent					
Please select your category	*					=		por	ate				, ,			_	Citiz											•	•	ort s					
То																									$\dashv$		(3.5			gra <sub>l</sub>		ize)	,		
National Pension System Tr	ust																										,					0,			
Dear Sir/Madam,																											D	o no	t sig	gn a	cros	s			
I hereby request that an NP																											D	o no	t sta	apple	e / c	lip			
* indicates mandatory fields. Ple	ase	TIII T	1e 10	rm i	n Er	igiisr	i and	BLC	JCK	lette	ers (R	erer	gen	erai į	guiae	iines	at in	struc		page) RA Cc					_				$\overline{}$			_	$\dashv$		
1. PERSONAL DETAILS: (F	Refe	r Sr.	No	. 1 (	of th	ne ir	nstri	uctio	ons	)							IJs	e An		ıre II		me i	exce	reds	the	sno	асе	pro	vid	ed h	elo	W			
Salutation*		Shr				Sm		[		ĺ	nari										· · · · ·												$\neg$		
Applicant Name*	F	i	r	S	t			T					М	i	d d	Т	е		П		Т			L	а	S	t		П	П		Т	$\neg$		
Father's Name	F	i	r	S	t						$\dashv$	$\forall$	М	i	d d	$\top$	e	Н	$\dashv$	$\overline{}$	$^{+}$				а	S	t		$\exists$	$\dashv$	$\forall$		=		
Mother's Name	F	i	r	S	t						$\dashv$	-	M	+	d d	+	le	Н	$\dashv$		+			L	а	S	t			$\dashv$	$\dashv$	+	=		
Either Father's or Mother's nar	ne is	ma	ndat		*					امک	act t	_	_		арр			PΛN	l Car	·d	+	Fat	her'	_	_	-	_	Mo	the	r's N	lam		-1		
Date of Birth*	d	d	m	m	У	у	\/	V/		Jei		iic i	iiaiii	e to	арр	Cai	0111	IVAIN	Cai	u		_i at	iici	3 140	IIIIC			IVIO	tiic	131	van	ic			
Place of Birth*	u	l u		1111	У	У	У	У			Т	_				Т	Τ				Т				$\neg$								$\neg 1$		
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Gender*	_	N/10	ما		Гог				Tro	n.a.	200								Nati	on alit	*			+	+	+	_		$\dashv$	$\dashv$	$\dashv$	+			
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Spouse Name* (if married)	F	i	r	S	t									M	i d	_		e		_					а	S	t								
PAN Card*						Щ					_	_	or		orm		urnis	1				Sub	miss					orm "							
Annual Income Range* Occupation Details*	_	-	ow alia					c to			F	=			10 la		Call	4		25 la	ac —	1		25 l		_		ors				1 Cr	- 1		
· ·		1	olic :			_				ctor 「	-				onal		Self Employed Homemak									er Others									
Please Tick If Applicable	Politically exposed person Related to Politically exposed person (Plea AND ADDRESS* (Refer Sr. No. 2 of the instructions)														ease	reit	21 11	ISU	uct	ЮП	no.	1)													
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Voter ID Card														-	poss					ar				=				t fou	ır di	gits					
NREGA Job Card																											Pol	P Ce	rtif	icate	9				
National Population Registe	r											$\Box$															(ref	er s	ectio	on 1	2)				
3. CURRENT ADDRESS DE	TA	LS*	(Pı	root	f to	be s	subr	nitt	ed)																										
Line 1																																			
Line 2											_	_	_	_				Щ	_	Vi	1		а	g	е	/	С	i	t	У	_	_	_		
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4. CONTACT DETAILS*	0	1										7		T	eleph	one	i+	h CTI	D 60	do)				_											
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5. BANK DETAILS* (Proof	to b	e si	Jbm	itte	d -	Refe	er Si	r no	. 3 (	of th	ne in	stru	ıctic	ns )																					
Account Type		1	ing			_		ren						,																			П		
Bank A/c Number																																			
Bank Name																			IFS	Code															
6. NOMINATION DETAILS													- :1	F									: A												
A. The nomination shall be in fav B. A fresh nomination shall be m								_	_			l Idi	illiy.	FOI I	IOIIIII	iaunį	g mor	e uia	in on	e pers	011, 5	ubm	IL A	mex	ure	III									
Nominee Name	F	i	r	S	t									М	i d	d	П	e	П		Τ			L	а	S	t		П			Т	$\neg$		
Relationship												Ag	e		_		e of	Birth	ı (In	case	of M	linor	-)	D	D	7	M	М	7	Υ	Υ	Υ	Υ		
Name of Guardian	F	i	r	S	t								Ī	М	i d	d	T	e			Т			L	а	S	t			T	T	T	٦١		
(if nominee is a minor)	NIF	LINI	D / E	ודו	A N.I	D 10	11/5	CTN	45	NT C	·	ICE	* /г	) - f -	C			ن مان			- 1														
<ol> <li>SELECTION OF PENSIO</li> <li>All Citizen: Selection of one Pf</li> </ol>																					-	ed in	ı Aut	o Ch	oice	(LC	50)								
2. Corporate Model: The PF / Inv									-																	•	,								
	Per	sio	n Fu	nd³	k (Pl	ease	Tic	k (√)	one	e)											estm					ase '	Tick	(√)	one	:)					
Admin puls of the puls									_		-	ا جاران						Ш	Balaı	nced L	ite C	ycle	Fun	d (BI OF											
Aditya Birla Sunlife Pension DSP Pension Fund Manag		_								nsior ensid			_						Ac+i	e Cho	ico	ma	ntion	_		aro :	n 0-	ch =	sco*	class	bal	)\4'			
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LIC Pension Fund Ltd	unu	<b>∵ ι∀ι</b> ξ	5111C	JU L	···					namı e Per							E (Upto 75%)         C (Upto 100%)         G (Upto 100%)         A (Upto 5%)           % Equity         % Corp Bonds         % Govt Sec         % Alt Assets												.00%						
SBI Pension Funds Pvt Ltd										nsio				_			OR																		
UTI Retirement Solutions	Ltd									er (p	_								Auto	Choi	ce	sele	ct on	e life	cyc	le fu	nd b	elov	v						
																	Cor	nserv	ative	(LC25	)	М	oder	rate	(LC5	0)		Ag	gres	sive	(LC7	'5)	ゴ		

8. Activate my Tier- II account	my Tier- II account (Please tick (V) to activate) - refer Sr no 7 of instructions Providing PAN is mandatory													
with the same bank, no	with the same bank, nominee & invetsment details with different bank/nominee/investment details as per Annexure IV													
9. FATCA* (Foreign Account T	ax Comp	liance Act) &	CRS DECLARATION	l (Refe	r Sr no. 6 of the ins	tructions	):							
I am a tax resident of Ir	ndia and n	ot resident of	any other country		I am a tax residen	t of the co	ountry/ies mention	ed below						
US Person \	res	No												
	Particul	ars			Country (1)		Countr	y (2)	Country (3)					
Country/co	ountries o	f Tax Residenc	•											
Address in the circuit distinct for To		Address Line 1												
Address in the jurisdiction for Tax Residence	X	City/Town/Vil State	ıage											
residence		ZIP/Post Code	1											
Tax Identification Number (TIN)/		,												
TIN/ Functional equivalent Number Issuing Country														
Validity of documentary evidence	e provideo	l (Wherever ap	oplicable)		ddmmyyyy		ddmm	уууу	ddmmyyyy					
I have understood the information	-							and						
hereby confirm that the information	tion provid	ded by me/us o	on this Form is true, c	orrect,	and complete and	hereby ac	ccept the same.	Signa	ture / Thumb Impression* of Applicant					
44 550 454 50 455 455									(refer instructions)					
10. DECLARATION BY APPLICA														
I have read and understood the t me are true and correct, to the b														
NPS Trust. I do not hold any pre		_	, -		•		-							
incorrect information or docume	_	iocount unuc.	or r anderstand th		an ac run, nuare re		,							
Declaration under the Preventio	n of Mone	y Laundering	Act, 2002											
I hereby declare that the contril	-	-	-											
income. I understand that NPS T							=							
authorities. I further agree that relating to prevention of money		_	to close my PRAN in	i case i	alli loullu violatili	g the pro	visions of any law		/ Thumb Impression* of Applicant					
								_	of males and RTI in case of females to be					
Date: d d m m y	УУ	y Place	e:					provide	ed. Toe impression in case no hands)					
11. DECLARATION BY EMPLO	YER (All D	etails are Man	ndatory)											
Date of Retirement	d	d m m	у у у у											
Employee Code/ID							Non-mandatory i	f not available						
CHO Registration Number			CI	BO Reg	istration Number									
It is certified that						—— ded in thi	s subscriber registi	ation form in	cluding the address and employment					
	r the servi	ce record of th			•		•		es have been read over to him/her by					
us and got confirmed by him/her	·.													
Name of the Authorised Person														
Designation of the Authorised Pe	erson													
Date														
Place						Ciana	ture of Authoricad	norcon	Bubbar Stamp of the Employer					
						Sigila	ture of Authorised	person	Rubber Stamp of the Employer					
12. TO BE FILLED BY POP														
Receipt No. (17 digits)														
POP Registration Number			Po	OP-SP F	Registration Numbe	er								
Documents Received:														
	-						_		ner. The above applicant is having an					
· · · · · · · · · · · · · · · · · · ·					, .		•		maintained at					
								-	or opening NPS account and are in is not a 'Basic Savings Bank Deposit					
Account (applicable in case of Ba		i commin mat	. tile Saviligs balik a/t	C 01 311,	/3111/ Kuiii	•••••	••••••	•••••	is not a basic savings bank beposit					
Name of the Authorised Perso														
Designation of the Authorised Pe	erson													
Date														
Place						Signa	ture of Authorised	·	Rubber Stamp of the PoP					
				ACK!	NOWLEDGEMENT	г			•••••					
Name of the Cub				, TORI										
Name of the Subscriber:														
Application Receipt Date:	d d	m m y	у у у											
Initial contribution amount	₹													
Mode of payment	Che	que / DD	Debit instruction	on	Cash		S	tamp and Sign	ature of PoP					
								. 0						

## INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

## **General Guidelines**

(a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected.

(b) Copies of documents submitted by the applicant should be self-attested.

(c) Applicant is advised to retain the acknowledgement slip signed/ stamped by the PoP/PoP-SP office.

SI	Item No	Item Details	Instructions														
			In c	ase a sub	oscribe	r opts not to hav	e a physical PRAN Card or Welc	ome K	(it, reduced account opening charges	of CRA are applicable as under:							
		Option for PRAN		Διι	ount o	nening with Phy	sical PRAN card (in Rs.)		Account opening wi	th ePRAN card (in Rs.)							
		Card and Kit		7.000	Juneo				Welcome kit sent in hardcopy	Welcome kit sent vide email only							
						₹			₹	₹							
1	1	Father's Name, Mother's Name	1. ,	a) If the name has more than 30 digits, fill Annexure II for the same. b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted. Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the													
		Politically Exposed Person		•		, ,			rusted with prominent public function, senior executives of state-owned co								
2	2	Proof of Idenity and Address	If the app		submi	tting Aadhaar as	proof of Identity and Address,	, the fi	irst 8 digits of the Aadhaar number s	hould be redacted / masked on the							
3	3	Current Address	Providing	current a	addres	s is mandatory. 1	The submitted address proof sho	ould co	ontain the current address as provide	d in the form.							
4	5	Bank Details							tory. Please submit a cancelled cheq								
5	6	Nomination Details	Any nomi and any r nomination to be inva	nation m nomination on may b ilid and tl	nade in on ma e in fa he sub	favour of a pers de before such r vor of any perso scriber shall mak	son not belonging to family shal marriage shall deemed to be in on or persons but if the subscrib	ll be in valid; per sub of one	nvalid; A fresh nomination shall be ma If at the time of making a nomination osequently acquires a family, such not or more persons belonging to his fan	omination shall forthwith be deemed							
	Unmarried Subscriber Married / Widow/ Widower / Divorcee Subscriber																
			1. Mother, 2. Father, 3. Please specify the relationship Transgender), 7. Father in Law (Only for Female and Transgender), 8. Daughter in Law, 9. Grandson, 10														
			(c) In case	of more	than	one nominee, the	e percentage share for each non	ninee :	should be in whole numbers and mus	t be equal to 100.							
6	7	Selection of Pension Fund (PF) & Investment Choice	(2a) Balan automatio (2b) Activo (2c) Auto	iced Life cally redu e Choice Choice -	Cycle f ices fro - Subs Equity	Fund: Equity, Colom 45 years to 59 criber can active allocation is 75%	rporate Debt and G-Sec allocations Syears of age. By decide his / her allocation into Symbol / 50% / 25% under Conservation	on is 5 o Equit ve / Mo	o them by the employer or else may b 0:30:20 until age 45 and allocation to ty / Corporate Debt / G-Sec / Alternat oderate / Aggressive choice opted by 5.	Equity and Corporate Debt							
7	9	FATCA & CRS Declaration	equity and corporate debt automatically reduces from age 35 years to 55 years.  Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India:  • Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident f purpose in USA.  • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has iss high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of n for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)  • In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship sho provided or reasons for not having relinquishment certificate is to be provided.  • In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form														
8	8	Tier-II activation	that of Tie	er-I wher	eas he				activate Tier-II Account with Same Ba account, the applicant would be req	nk, Nominee and Investment details juired to submit the Annexure IV for							
9	9 & 10	Declaration / Signature by Applicant	In case the	e applica se there	nt is u is no h	nable to affix signands, toe impre	·	ovided	I. The thumb / toe impression should	n in case of female should be afffixed I be attested by two persons, one of							
						-											
Appl	cable CF	RA charges:	NSDL	Kfintech	CAMS												
		ing charges	₹	₹	₹												
_		tenance Charges (p.a.		₹	₹												
Charg	e per tra	nsaction	₹	₹	₹												

	Annexure	es - Sı	ubs	cribe	er Re	egis	trati	ion I	orn	n fo	r Pr	iva	te S	Sect	tor	арр	lica	nts	(Ti	ick	and	fill	арр	lical	ole :	ann	exu	res	bel	ow)					
	Annexure I - PRAN C	ard हि	दी	में प्रिं	ट क	रने हं	हेतु																												
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	Annexure II - If chara	rcters	of	nam	e ev	rcee	ded	l the	sna	ice i	ro	vid	ed c	n r	าลฮ	e 1	of t	he	ann	lic	atic	nn f	orn	<b>1</b>											
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	Annexure III - Addito						For	· Tie	er-I			For	Tie	r-II		Fo	r bo	oth 1	Γier-	۱&	Tier	-11													
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<u></u>	Nominee I - Name	Fi	i	r s	t								М	i	d	d	1	е							L	а	S	t							
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Nominee III	Name of Guardian	Fi	i	r s	t								М	i	d	d	1	е							L	а	S	t							
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_	Annexure IV - Activa	te lie	er-II	l (wit									vest	me	nt L	)eta	ils -	tick	and	lit b	l as	app	olica	ible)											
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In c	ase you desire to nominat				<u> </u>							•																							
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