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	Name of Applicant in full First Name* Middle Name	Shri	Smt.	Kumari							
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	Father's Name* (Refer Sr. No. 1 of instructions)										
	Mother's Name* (Refer Sr. No. 1 of instructions)				M i d		e				
	Father's name will be printed on PR Date of Birth*	AN card. In case, mot			father's name [P Date of Birth sho		·	ant documen	tary proof)		
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Name of subscriber

er 1.2				CSR
11. DECLARATION BY SUBSCRIBER* (Plea	se refer to Sr no. 7 of the	instructions)		
Declaration & Authorization by all subscriber		,		
I have read and understood the terms and condition and declare that the information and documents Record Keeping Agency/National Pension Systunderstand that I shall be fully liable for submission I further agree to be bound by the terms and complete or partial without any new declaration to details) & T-PIN.	furnished by me are true em Trust, of any change ion of any false or incorrec- enditions of provision of se	and correct, to the best in the above informatio ct information or docume ervices by CRA, from tir	of my knowledge and belief. I undertake on furnished by me. I do not hold any ents. me to time and any amendment thereo	e to inform immediately the Central pre-existing account under NPS. I f as approved by PFRDA, whether
Declaration under the Prevention of Money La	oundaring Act 2002			
I hereby declare that the contribution paid by me the right to peruse my financial profile or share the found violating the provisions of any law relating	e/on my behalf has been one information, with other of	government authorities.		
Date dd/lmm/m//yyyy				
Place :				
			Signature/Thumb Impression* (* LTI in case of male and F	
12. DECLARATION ON FATCA* (Foreign Ac	count Tax Compliand	e Act) COMPLIANC	E (Please refer to Sr no. 8 of the instru	ctions):
Section I*				
US Person* Yes 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 Tay	City/Town/Village			
Address in the jurisdiction for Tax Residence	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional e				
TIN/ Functional equivalent Number Issuing C	•	dd I mm I raan	old I mm I sa a s	dd I mm I aaa
"I certify that:	lerever applicable)	dd / mm / yyyy	dd I mm I yyyy	dd I mm I yyyy
 a) It shall be my responsibility to educate mys with the Rules 114F to 114H of the Income rules, b) the information provided by me in the Forr belief, true, correct and complete and that I a Reportable account or otherwise. c) I permit/authorise the NPS Trust to collect, Trust and any of NPS intermediaries where India of any confidential information for cord I undertake the responsibility to declare a provided in the Form, its supporting Annex provide fresh self-certification along with deep I also agree that in case of my failure to dis authority designated by the Government of the NPS Trust if the deficiency is not remed domain for confirming the information proving I also agree to furnish such information an India or abroad in the subject matter hereigned. 	m, its supporting Annex have not withheld any store, communicate an ever situated including simpliance with any law on disclose within 30 dures as well as in the documentary evidence, close any material fact of India (GOI) /RBI/IRD/died by me within the simps Trust shall have the ided by me to the NPS d/or documents as the	eunder and the information wures as well as in the material information and process information sharing, transfer and for regulation whether days from the date of locumentary evidences known to me, now on A/PFRDA for the purpostipulated period. Trust	nation provided in the Form is in a see documentary evidence are, to the that may affect the assessment/cat in relating to the Account and all train disclosure between them and to the domestic or foreign. In the foreign, any changes that may be provided by me or if any certificate in future, the NPS Trust may repose or take any other action as may be carry out investigations from the interest of the control	ne best of my knowledge and tegorization of the account as insactions therein, by the NPS and authorities in and/or outside take place in the information becomes incorrect and to not to any regulator and/or any any be deemed appropriate by information available in public
India or abroad in the subject matter hereir h) I shall indemnify NPS Trust for any loss that	at may arise to the NPS	S Trust on account of	providing incorrect or incomplete i	nformation.
Date dd lmm lyyyy				
Place :			Signature/Thumb Impression* (* LTI in case of male and I	

13. DECLARATION BY EMPLOYER		
		overnment Subscribers only
(Subscribers Emple	oyment Details to be filled	ed and attested by the Deptt. (All Details are Mandatory)
Date of Joining	m m I y y y y	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	Group B Group C Group D
Office		
Department		
Ministry		
DDO Registration Number		
DTO/PAO/CDDO/DTA/PrAO Registration	n Number	
Basic Pay		
Pay Scale		
It is certified that the details provided in the address and employment details prohe/she has read entries/entries have be	ovided above are as per the	e service 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 DD0 (In the box above)	O 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 I m m I y y y y
Date of Joining Employee Code/ID Corporate Regd. Number (CHO No.) Allotted CBO No. allotted by CRA Certified that the details provided in this subsemployment details provided above are as pentries / entries have been read over to him / Date d d / m m / y y y y Signature of the Authorised person Designation of the Authorised Person	by CRA pscriber registration form the service record of the her by us and got confirme	e employee maintained by us. Also, it is further certified that he / she has read the
15. DECLARATION BY THE AGGREGATO	R	
and the above declaration has been signe been read over to her/him by me. Signature of the Authorised pers	I L - AO) vith the aggregator and he/s d /thumb impressed before	she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS are me by
Name of the Aggregator	.	
NPS Lite Account Office (NL-AO) Registration N	umber	NPS Lite - Collection Centre (NL - CC) Registration Number
Membership No. allotted by Aggregator (if any) Place	Date d d / m m	

6. TO BE FILLED BY POP-SP										
Receipt No. (17	Receipt No. (17 digits) POP-SP Registration Number Document accepted for date of Birth Proof:									
Document acce										
Copy of PAN card submitted YES NO KYC Compliance YES NO										
Documents Re	ed) True Copies									
Identity Verifica	entity Verification : Done									
	cisting Bank Customer:									
I/we hereby certify/confirm that Shri/Smt/Kum										
I/we hereby ce		erof Sh/Smt/Kum Aadhaar card are matching with that mentione	has been checked and the name ed on NPS application form.							
To be f	filled by POP-SP		Name:							
			Designation: Place:							
P	OP-SP Seal	Signature of Authorized Signatory	Date d d I m m I y y y y							
		[To be filled by CRA - Facilitation Ce	entre (CRA-FC)]							
Received by		CRA-FC Registrat	ion Number							
Received at			Date dd lmm lyyyy							
Acknowledgemen	nt Number (by CRA-FC)									
PRAN Alloted										
		ACKNOWLEDGEMEN	 Т							
Name of the Su	ıbscriber:									
Contribution An	nount Remitted:	₹								
Date of Receipt	t of Application and Cont	tribution Amount:								
			Stamp and Signature of the Employer/PoP:							

Ver 1.2

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

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.

S. No	Item No.	Item Details	Instructions							
		Personal Details	i. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.							
		Spouse Name	If married, spouse name is mandatory.							
1 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	Please ensure that the date of birth matches as indicated in the document provided in the support.							
			S.No Proof of Identity (Copy of any one) S.No Proof of Address (Copy of any one)							
			1 Passport issued by Government of India. 1 Passport issued by Government of India							
			2 Ration card with photograph and residential address							
			Bank Pass book or certificate with Photograph. 3 Bank Pass book or certificate with photograph and residudress	dentia						
			4 Certificate of the POP bank for an existing Bank customer. 4 Certificate of the POP bank for an existing Bank 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 addre							
			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 le Gazetted officer like District Magistrate, Divisional commiss BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate	vel o sioner ate etc						
		Identity,	8 PAN Card issued by Income tax department 8 Certificate of address with photograph signed by a Mem Parliament or Member of Legislative Assembly							
		Correspondence & Permanent address details	 9 Aadhar Card / letter issued by Unique Identification Authority of India 9 Aadhar Card / letter issued by Unique Identification Authority India clearly showing the address 	ority o						
0	0.004		Job cards issued by NREGA duly signed by an officer of the State Government 10 Job cards issued by NREGA duly signed by an officer State Government	of the						
2	2, 3 & 4		11 Identity card issued by Central/State government and its Departments, statuary/ 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. 11 The identity card/document with address, issued by a the following: Central/State Government and its Departs Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institution	ments akings						
			Photo. Identity Card issued by Defence, Paramilitary and Police department's 12 Latest Electricity/water bill in the name of the Subsc Claimant and showing the address (less than 3 months old							
			Ex-Service Man Card issued by Ministry of Defence to their employees. 13 Latest Telephone bill in the name of the Subscriber / Clarand showing the address (less than 3 months old)	aiman						
			14 Photo Credit card. 14 Latest Property/house Tax receipt (not more than one yea	r old)						
			15 Existing valid registered lease agreement of the house on paper (in case of rented/leased accommodation)	stam						
3	6	Politically Exposed Person	 (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the acopening form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account of form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence address are different, then proof for both have to be submitted. (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers) Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign coun example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of owned corporations, important political party officials. 	penin idenc						
			For Tier I & Tier II, bank details are mandatory and it should be supported by cancelled cheque. Please attach a Cancelled cheque (cont							
4	7	Subscriber's Bank Details	Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.							
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.							
6	10	Pension Fund (PF) Selection and Investment Option	For more details on 'Investment Option', you may visit CRA website. Subscribers from Government sector are currently not allowed to exercise the investment option. As mentioned, your contribution invested by default PFs as per the guidelines issued by the Government.							
7	11	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Impression in case of females.							
8	12	Declaration by subscriber on FATCA Compliance	 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 refor tax 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 issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Excof that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number resident registration number) 	on ha ample er an						
			 If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided 							

General Information for Subscribers

- 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) NSDL e-Governance Infrastructure Limited 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013