

Signature of Authorised Consultant/Company Representative



**अर्जदाराची बँकेसंबंधी माहिती\* /APPLICANT BANK DETAILS**

बँकेचे नाव Bank Name			
शाखा Branch		IFSC No.	
बँक खाते नं. Bank Account No.			

मी अर्जदार स्वतः असे घोषित करतो की वरील माहिती सत्य आहे. तसेच मी कंपनीच्या नोंदणीकृत सल्लागाराकडून संबंधित सरकारी योजनेविषयी सर्व माहिती घेतली असून स्वतः त्या नोंदणीकृत सल्लागाराकडे कंपनी आकारत असलेली योग्य ती सल्ला फी स्वखुशीने देत आहे.

**कंपनीच्या अटी व नियम**

- स्वावलंबन कन्सल्टंट (इ.) प्रा. लि., ही रजिस्टर्ड कंपनी केवळ विविध आर्थिक सेवा क्षेत्रामध्ये काम करत असून ग्राहकास आर्थिक नियोजनासंदर्भात जागृत करून ग्राहकास विविध गुंतवणूकीचे व संपत्ती संवर्धन किंवा निर्मितीचे विविध पर्याय उपलब्ध करून देत आहे. त्यासाठी कंपनी सल्लागार म्हणून आकारत आहे. याची रीतसर पक्की पावती नोंदणीकृत सल्लागाराकडून घ्यावी.
- कंपनीचा विविध आर्थिक सेवा संदर्भात अर्जदारास कोणतीही शंका असेल तर कंपनीच्या प्रतिनिधीस किंवा सल्लागाराकडून अधिक माहिती घेऊन शंकाचे निरसन करावे.
- अर्जदाराची संपूर्ण माहिती कंपनीस रजिस्टर झाल्यावर सर्व कागदपत्रे कंपनीपर्यंत पोहचवण्याची संपूर्ण जबाबदारी ही कंपनी प्रतिनिधी किंवा संबंधित नोंदणीकृत सल्लागाराची आहे. किंबहुना सर्व कागदपत्रे १५ दिवसात कंपनीपर्यंत न पोहचल्यास संबंधित प्रतिनिधी / सल्लागार रु. ५००-०० कमीत कमी विलंब शुल्क दंडास पात्र आहे. तसेच विलंबित कागदपत्रे स्वीकारणे कंपनीस बंधनकारक राहणार नाही व यांची संपूर्ण जबाबदारी प्रतिनिधी/सल्लागार यांची असेल.
- अर्जदारास कोणत्याही योजनेसंदर्भात किंवा अधिक माहितीसाठी कंपनी सलग अधिकृत NPS सेवाकेंद्राशी संपर्क साधावा.
- मला कंपनीच्या सर्व सरकारी योजना व्यवस्थित समजल्या आहेत. तसेच कंपनीचे सर्व नियम व अटी पूर्णता मान्य आहेत.

Date : / / 2023

Applicant Signature/Thumb Impression  
अर्जदाराची सही/अंगठा**OFFICE USE ONLY**

Sponsor ID No. NPS

Mobile No.

Company Representative/Consultant/Sponsor Name

Payment Received By cash/Cheque/NEFT/UPI/GOOGLE/PHONE PE in the  
name of SAWAL AMBAN CONSULTANT INDIA PRIVATE LIMITED, PUNE

Date : / / 2023

Signature Company Representative/Consultant/Sponsor  
सही, कंपनी प्रतिनिधी/सल्लागार**महत्वाच्या सूचना :**

- \* अर्जदाराने नोंदणीकृत सल्लागाराकडून आर्थिक सेवा शुल्काची पक्की पावती मागून घ्यावी.
- \* अर्जदाराची संपूर्ण माहिती कंपनी रजिस्टर्ड (www.npspran.in) झालेनंतर व वेळेत संपूर्ण कागदपत्रे कंपनीत जमा केली असल्यास NPS खात्याची कागदपत्रे पक्की पावती तयार झालेपासून ४५ दिवसात भेटून जातील.
- \* अर्जदाराचे NPS पेंशन खाते Auto Debit Deduction साठी त्याच्या बँक खातेशी संलग्न होण्यासाठी पक्की पावती तयार झालेपासून साधारण ९० दिवस लागतील.
- \* अर्जदाराचे Auto Debit Deduction, त्याच्या बँक खात्याचे सुयोग्य सही पडताळणी (Sign Verification) झाले तरच बँकेतून पैसे Deduction होण्यास सुरु होईल. बँक Authentication सर्व जबाबदारी अर्जदाराची असेल.
- \* अधिक माहितीसाठी अर्जदाराने कंपनीच्या अधिकृत सेवा केंद्राशी किंवा www.npspran.in या वेबसाईटवर संपर्क साधावा.
- \* अर्जदाराची संपूर्ण माहिती कंपनी रजिस्टर्ड (www.npspran.in) झाल्यानंतर कोणत्याही कारणास्तव आर्थिक सेवा शुल्क अर्जदारास परत मिळणार नाही.



**NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM - Private Sector**

How did you hear about NPS ☒ Friend/Family ☐ Social media ☐ Newspaper/magazines ☐ TV/Radio  
☒ Financial advisor/apps ☐ Employer

PRAN Card & Kit\* i. PRAN Card (please tick (✓)) ii. Account Opening Kit (please tick (✓))  
 (refer sl.no. 1 of instructions) ☐ ePRAN Card ☒ Physical PRAN Card ☐ Through Email ☒ Physical Kit (Courier)

Print my PRAN in Hindi ☐ YES ☒ NO if Yes, please submit details as per Annexure I  
 Please select your category\* ☐ Corporate ☒ All Citizen

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 :

Paste  
 recent  
 Passport Size  
 Photograph  
 (3.5 cm x 2.5 cm size)

Do not sign across  
 Do not staple / clip

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

CKYC Identifier  RA Code

**1. PERSONAL DETAILS:** (Refer Sr. No. 1 of the instructions) Use Annexure II if name exceeds the space provided below

Salutation \* Shri ☐ Smt. ☐ Kumari ☐

Applicant Name \*

Father's Name \*

Mother's Name \*

Either Father's or Mother's name is mandatory \* Select the name to appear on PRAN Card ☒ Father's Name ☐ Mother's Name

Date of Birth \*  Country of Birth \*  Nationality \*

Place of Birth \*

Gender \* ☐ Male ☐ Female ☐ Transgender Marital Status \* ☐ Unmarried ☐ Married ☐ Widow/Widower ☐ Divorcee

Spouse Name\* (if married)

PAN Card\*  or Form 60 furnished ☐ Submission of PAN or Form 60 is mandatory

Income Range (per annum) ☐ Below 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac to 1Cr ☐ Above 1Cr

Occupation Details\* ☐ Public Sector ☐ Private Sector ☐ Professional ☐ Self Employed ☐ Homemaker ☐ others .....

Please Tick if Applicable ☐ Politically exposed person ☐ Related to Politically exposed person (Please refer instruction no.1)

**2. PROOF OF IDENTITY AND ADDRESS\*** (Refer Sr.No. 2 of the instructions)

Passport  Passport Expiry Date

Driving License  Driving License Expiry Date

Voter ID Card  Proof of possession of Aadhaar  Provide Last four digits

NREGA JOB Card

National Population Register  ☐ PoP Certificate (refer section 12)

**3. ADDRESS DETAILS\*** (As per the proof submitted)

Line 1

Line 2

Line 3  INDIA

District  State/U.T.  PIN Code

**4. CONTACT DETAILS\***

Mobile\* 9 1  Telephone with STD Code

Email ID\*

**5. BANK DETAILS\*** (Proof to be submitted - Refer Sr. No. 3 of the instructions)

Account Type ☐ Saving A/c ☐ Current A/c IFS Code

Bank A/c Number

Bank Name

**6. NOMINATION DETAILS\*** (Refer to Sr. No. 4 of the instructions)

A. The Nomination shall be in favor of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III

B. A fresh nomination shall be made by the subscriber on his/her marriage.

Nominee Name

Relationship  Age  Date of Birth (In case of Minor)

Name of Guardian  (If nominee is a minor)

**7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE\*** (Refer Sr. No. 5 of the instructions)

1. Maximum equity allocation under active choice is restricted after 50 years of age. Refer instructions carefully before allocating percentage share in equity. 2. All Citizen : Selection of one PF is mandatory else form will be rejected. If no investment choice is selected, funds will be invested in Auto Choice (LC 50) 3. Corporate Model : The PF / Investment Choice may be exercised in consultation with your Employer.

Pension Fund\* (Please Tick (✓) one)

☐ LIC Pension Fund Limited ☐ HDFC Pension Mgmt Co. Ltd.  
☐ SBI Pension Funds Private Limited ☐ Kotak Mahindra Pension Fund Ltd.  
☐ UTI Retirement Solutions Limited ☐ Aditya Birla Sunlife Pension Mgmt Ltd.  
☐ ICICI Prudential Pension Funds Mgmt Co. Ltd. ☐ Any other (please mention)

Investment Choice (Please Tick (✓) one)

☐ Active Choice mention the % share in each asset class below

E (Upto 75%)	C (Upto 100%)	G (Upto 100%)	A (Upto 5%)	Total
% Equity	% Corp Bonds	% Govt. Sec	% All Assets	100%

OR

☐ Auto Choice select one life cycle fund below

Conservative (LC25) ☐ Moderate (LC50) ☐ Aggressive (LC75) ☐



## 8. Activate my Tier- II Account (Please tick (✓) to activate) - refer Sr. no. 7 of instructions

Providing PAN is mandatory

☐ with the same bank, nominee & investment details ☐ with different bank/nominee/investment details as per Annexure IV

## 9. FATCA\* (Foreign Account Tax Compliance Act) &amp; CRS DECLARATION (refer to Sr. no. 6 on the instructions)

☒ I am a tax resident of India and not resident of any other country ☐ I am a tax resident of the country/ies mentioned below
US Person Yes ☐ No ☒

Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
Address in the jurisdiction for Tax Residence	Address Line 1			
	City/Town/Village			
	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional equivalent Number				
TIN/Functional equivalent Number Issuing Country				
Validity of documentary evidence provided (Wherever Applicable)		dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same.

Signature/Thumb Impression\* of Applicant  
(refer instructions)

## 10. DECLARATION BY APPLICANT\* (refer Sr. no. 7 of the instructions)

I have read and understood the terms & conditions of the National Pension System, The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS trust. 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.

## 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 legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date   /   /     

Place : \_\_\_\_\_

Signature/Thumb Impression\* of Applicant

(\* LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

## 11. DECLARATION BY EMPLOYER (All Details are Mandatory)

Employee Code/ID Date of Retirement   /   /     

Non-mandatory if not available

CHO Regd. No.  CBO Regd. No. 

It is Certified that \_\_\_\_\_ is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. It is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Date   /   /     

Place

Signature of the Authorised person (in the box above)

Rubber Stamp of the Employer

Name &amp; Designation of the Authorised Person

## 12. TO BE FILLED BY POP

Receipt No. (17 digits) POP Registration Number Document accepted for date of Birth Proof: POP-SP Registration Number Copy of PAN card submitted : YES ☐ NO ☐

Documents Received : (Originals Verified) Self Certified (Attested) True Copies

## Existing Customer:

I/we hereby certify/confirm that Shri/Smt/Kum ..... is an existing KYC verified customer. The above applicant is having an operative Bank/ Demat/Folio/..... account (specify nature of the account) having account number/client ID..... maintained at..... branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I/We further confirm that the savings bank a/c of Sh/Smt/Kum..... is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)'.

To be filled by POP

Authorised Person

Name:

Designation:

Rubber Stamp of POP

Signature of Authorised Person

Date / /2023 Place :

## ACKNOWLEDGEMENT

Name of the Subscriber Initial Contribution Amount ₹  Mode of Payment ☐ Cheque / DD ☐ Debit instruction ☐ CashApplication Receipt Date   /   /     

Stamp and Signature of the PoP