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																			Paste recent				
PRAN Card & Kit*										ii. Account Opening Kit (please tick (✔)								$\exists$	Passport Size				
(refer sl.no. 1 of instructions)	■ ePRAN Card  Physical PRAN Card  Through Email  Physical Kit (Courier) ■ YES NO if Yes, please submit details as per Annexure I											4	Photograph (3.5 cm x 2.5 cm size)										
Print my PRAN in Hindi Please select your category	Please select your category*													·e)									
To,													Ш										
National Pension System Trust.													Do not sign across										
Dear Sir/Madam, I hereby request that an NPS account be opened in my name as per the particulars given below:											Do not stapple / clip												
* indicates mandatory field																		L					=
CKYC Identifier	- Trease		T	Liigiis	T	I I	1	]	· (Rete	er genera	ii guiae	iines at ii		Code		Т	т	П	т	т	П	$\overline{}$	
1. PERSONAL DETAIL:	S: ( Refer	Sr. No.	of the	instruct	ions)		_					Ĺ		nexure	I if na	me e	xceed	s the s	pace	provi	ded be	elow	
Salutation *	Shri 🗌	]	Smt.			Kuma	ri 🗆												,	,			
Applicant Name *	Fii	s					1	1	d	d	9		100			Ţ	8	8				1200	
Father's Name*	FII	S		100		14 18	1	1	d	d	9		.515			L	а	co .					
Mother's Name*	Fill	s i						A	d	d	е		0.00			I	а	S					
Either Father's or Mother's name is mandatory * Select the name to appear on PRAN Card																							
Date of Birth*  d d m m y y y y Y  Conutry of Birth*  I N D I A  Nationality*  I N D I A												Α											
Place of Birth*											Т				П		П						
Gender*	Male	Fen	nale [	Trans	sgen	der			Mari	tal Sta	itus*		nmarr	ied [	Mar	ried		Vido	v/Wic	dowe	r 🖸	Divor	cee
Spuse Name* (if married)	F i l	s i					1	1	d	d	е		TI		П	1	а	S	T			T	$\Box$
PAN Card*	- 4 - 19 - 19	TT	TT	T			or	F	orm (	60 furr	ished					S	ubmiss	ion of	PAN o	r For	m 60 i	s mand	latory
Income Range (per annum)	Belov	/1 lac	$\Box$	1 lac to	5 lac	T r	75 la	ac to	10 la	ıc $\Gamma$	<b>1</b> 10 la	c to 25	 lac	$\square_{2}$	5 lac t	o 1Cr		$\Box$	Above	1Cr			
Occupation Details*	Public	Sector	=			.	Pro	fess	ional	-	=			=				=				A02112000	
Occupation Details*																							
220 LTD 5-90 SAACO LTD ED 1/8 OF E- 6690 EN ADE MOVEMEN SEC. 415				10.00000	Ja 2						10000	7.532	- 31					53.57					
2. PROOF OF IDENTITY	Y AND A	DDRES	S* (K)	eler St.I	VO. Z	or the r	nstruc	LIONS	)	1_								20	1 3	2 F		_	
Passport				-				╀				Expiry		. Data	- 1	d (	1	m	m	1	УУ	У	У
Driving License Voter ID Card	-	-	+	-			+	╁						y Date f Aadh	22r	d (	1 1	m	m	1	уу	У	У
NREGA JOB Card	-	$\vdash$	+	+	2 /2	-	+	╁	+	1100	T	1 1	31011 0	Aauii	aaı		-		Pro	ovide	Last	four dig	JIIS
National Population Regis	ster —	$\vdash$	+	+			+	$^{+}$	+	++	+	+ + +	$\dashv$	$\top$	_			PoP (	Certific	cate i	refer :	section	12)
3. ADDRESS DETAILS*		the proof	submit	ted)			_	_	_		_		_		_			Del Constitution (Constitution					
	T	T T	T		$\overline{}$			_	$\neg$	$\overline{}$				$\neg$	Т		$\overline{}$	_		$\neg$	$\overline{}$	$\overline{}$	
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District						S	tate/U	J.T.							<u> </u>		PIN	Code			<u> </u>	<u></u>	Ш
4. CONTACT DETAILS*							_								_			_	_	_			
Mobile* 9 1						U. 74- 1		Tele	phor	ne with	STE	Code	Ш			Ш							Ш
Email ID*												7			F 50	- 3							
5. BANK DETAILS* (Pro	of to be s	ubmitted	- Refe	r Sr. No	. 3 of	the ins	tructio	ns)															
Account Type	Savin			_	ent A							IF:	S Coo	de 🗀	П		П	1	Т	T	1757	$\Box$	
Bank A/c Number	8 9		T		3	T	3 3			12	8	7			_	Ш	Ш					Ш	Ш
Bank Name		_	╅	+		1	Т	Т	╁	+	Н	_	П		П		1		П		-		$\Box$
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NOMINATION DETAIL     A. The Nomination shall be							hie/h	er fa	mily	For no	minat	na mor	e than	one ne	reon	suhn	nit Anı	neviire	Ш				
B. A fresh nomination shall								CI Ia	miny.	1 01 110	illilat	ng moi	C triair	one pe	13011,	Subii	III AIII	icxuic					
Nominee Name	r s	t	П				M		d	d l	е		П			L	а	s t				Т	$\square$
Relationship					$\neg$	Age	Г		•	Date	e of E	Birth (I	n case	e of Mi	inor)	П		T	ÌП	一	$\top$	一	ĦΙ
Name of Guardian	r s	t				T	M		d	d l	е			I		L	а	s t				T	$\exists$
7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr. No. 5 of the instructions)																							
Maximum equity allocation und	ler active ch	oice is re	stricted a	after 50 y	ears o	fage. R	efer ins	tructi	ons ca	arefully b	efore a	llocating	percent	age sha	e in ec	quity. 2	2. All Ci	tizen :	Selecti	on of	one PF	is man	datory
else form will be rejected. If no inv	estment, ch	oice is sele	ected, fur	nds will b	e inves	ited in A	uto Cho	ice (L	.C 50)	3. Corpo	rate M	odel : Th	e PF / Ir	rvestmen	t Choic	e may	be exe	rcised i	n consi	ultatio	n with y	our Emp	oloyer.
Pension Fund* (Please Tick (✓) one)  Investment Choice (Please Tick (✓  LIC Pension Fund Limited  HDFC Pension Mgmt Co. Ltd.  Lactive Choice mention the % share											class be	elow											
SBI Pension Funds Private Limited Kotak Mahindra Pension Fund Ltd.								C (U	pto 100	0%) G (Upto100%) A (Upto 5%) Total													
						va Birla Sunlife Pension Mgmt Ltd.						d.	% Equity % Corp-Bonds % Govt. Sec % Alt Assets 100%  OR							1			
ICICI Prudential Pension Funds Mgmt Co. Ltd.  Max Life Pension Fund Management Ltd.							DSP Pension Fund Manager Pvt. Ltd. TATA Pension Management Pvt. Ltd.							Auto Choice select one life cycle fund below  Conservative (LC25)   Moderate (LC50)   Aggressive (LC75)									
Max Life Pension Fund Management Ltd. TATA Pension Management Pvt. L								er. LIU	. Con	Conservative (LC25) Moderate (LC50) Aggressive (						(E010)							

8. Activate my Tier- II Account (Pleas			for a section of Con-			roviding PA	V is ma	ndatory					
with the same bank, nominee & investment details with different bank/nominee/investment details as per Annexure IV													
9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (refer to Sr. no. 6 on the instructions)													
US Person Yes No 🗸													
Particulars	·	Co	untry (1)		Country (2)		Country (3)						
Country/countries of tax residency	I A dduces I lee 4												
Address in the jurisdiction for Tax	Address Line 1 City/Town/Village												
Residence	State												
Tax Identification Number (TIN)/Function	ZIP/Post Code												
TIN/Functional equivalent Number Issu	ing Country												
Validity of documentary evidence provide			mm / yyy	ry	dd / mm / y	ууу	dd / 1	nm / yy	/уу				
I have understood the information require with the FATCA/CRS Instructions and Te													
confirm that the information provided by													
correct and complete and hereby accept	the same.		Signature/Thumb Impression* of Applicant										
		(refer instructions)											
10. DECLARATION BY APPLICANT* (n													
I have read and understood the terms & condi- knowledge. Any changes in the information fur	tions of the National Pensic nished by me shall be infori	n System, Th ned to CRA/	e informatio NPS trust. I	n and documer do not hold any	nts furnished by / pre-existing ac	me are true count unde	e and correct, r NPS. I unde	to the be estand the	est of my at I shall				
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 d d / m m / 2 0 2 4													
Date d d 7 m m 7 Z	0 2 4												
			1214242000		e/Thumb Impr								
Place :			(" LII in cas	se of males and R II	in case of females to	be provided. I	oe impression in o	ase no nan	OS)				
11. DECLARATION BY EMPLOYER (All Details are Mandatory)													
Employee Code/ID Non-mandatory if not available			Ш	Date of Reti	rement d	d I	n m I	УУ	УУ				
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			ee maintai	ined with us. I	t is further cert	ified that h	ie/she has re	ad entri	ies/entries				
have been read over to him/her by us and got confirmed by him/her.  Date d d / m m / y y y y P Place													
Date a a r a a r				0.000000					- in the second				
Signature of the Authorised pe	erson (in the box above)		-		Rubber St	amp of the	Employer						
Name & Designation of the		TT		TT									
Authorised Person													
12. TO BE FILLED BY POP		<del></del>	т т					Lata	Tala				
Receipt No. (17 digits) 1 1			<u> </u>	POP F	Registration No	umber	5 0 0	0 8	9 2				
Document accepted for date of Birth Pro-	of:			POP-	SP Registratio	n Number							
Copy of PAN card submitted : YES	NO	Docu	ments Rec	eived : (Orig	ginals Verified)	Self Certi	fied (Attes	ed) Tru	e Copies				
Existing Customer:													
I/we hereby certify/confirm that Shri/Smt/Ki													
operative Bank/ Demat/Folio/branch/office. The KYC documents													
with PMLA Rules. I/We further confirm th													
Account (applicable in case of Bank PoP)'.	(1997) [1996]												
To be filled by POP				Authorised	Name:								
				Person	Designation: Branch Executive								
Rubber Stamp of POP	Signature of Auth	orised Pers	on	Date	/ /202-	4 Place							
ACKNOWLEDGEMENT													
Name of the Subscriber													
Initial Contribution Amount ₹	Mod	e of Paymer	nt Che	que / DD	Debit instructi	on C	ash	K 24	A (III )				
Application Receipt Date d d 1 m	m <b>1</b> y y y y		S 20	% <del> = </del>		3 To							
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							Drawn gung 2	Mudrale (	or the POP				