(Ver-2)

**NATIONAL PENSION SYSTEM (NPS)** SUBSCRIBER REGISTRATION FORM Affix Please Select your Category [ Please tick( $\sqrt{}$ )] recent colour photograph **Government Sector Corporate Sector** Tο 3.5 cm X 2.5 cm NPS Lite/Swavalamban **All Citizen Model** National Pension System Trust. size Dear Sir/Madam, I hereby request that an NPS account be opened in my name as per the particulars given below: \* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page) **PERSONAL DETAILS:** Name of Applicant in full Shri \_\_\_ Smt. Kumari First Name\* Middle Name Last Name d / m m / Date of Birth\* У (Date of Birth should be supported by relevant documentary proof) Gender\* [Please tick  $(\sqrt{})$ ] Male \_ Female \_\_\_ Others \_\_\_ M i d d l e Father's Name\* (Refer Sr. No. 1 of instructions) IDENTITY DETAILS\* (Any one of the documents need to be provided) PAN Aadhaar Voter ID Others Name of the ID Passport CORRESPONDENCE ADDRESS DETAILS Flat/Room/Door/Block no. Landmark Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District PIN Code State/U.T. **PERMANENT ADDRESS DETAILS** Tick  $(\sqrt{})$  in the box in case the address is same as above. Flat/Room/Door/Block no. Landmark Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District PIN Code State/U.T. Proof of Address (Correspondence/Permanent) Aadhar card 🔲 Passport 🔲 Voter ID card 🔲 Driving License 🔲 Ration Card 🔲 Registered Lease 🔲 Sale agreement of residence 🖂 Latest Gas Bill# Electricity Bill\* Telephone[Landline] Bill\* Others (please specify) \*Not more than 3 months old. Please refer Sr. No. 2 of the instructions 5. CONTACT DETAILS Landline Phone (with STD Code) Mobile Do you want to subscribe to SMS Alerts: Yes No 🗌 Mobile number is essential for receiving sms alerts regarding your NPS account OTHER DETAILS ( Please refer to Sr no. 3 of the instructions ) Occupation Details [please tick( $\sqrt{}$ )] Private Sector Government Sector Public Sector Business Professional Agriculture Homemaker Student Other (please specify) Please Tick If Applicable Politically exposed person Related to Politically exposed Person Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above **Educational Qualifications** Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.) SUBSCRIBER BANK DETAILS ( Please refer to Sr no. 4 of the instructions ) Account Type [ please tick( $\sqrt{}$ )] Saving A/c Current A/c Bank A/c Number Bank Name Branch Name **Branch Address** PIN Code

IFSC Code

Bank MICR Code

8.	SUBSC	RIBERS N	NOMINATION DETAI	LS* (Please ref	fer to	Sr. No	0.5	of t	he ins	struct	tions	s)														
Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)																										
	Nominee Name First Middle Last Last																									
	Relationship with the Nominee Date of Birth (In case of Minor) d d / m m / y y y y																									
	Nominee's Guardian Details (in case of a minor)  Nominee's Guardian   F   i   r   s   t																									
9.																										
	I would like to subscribe for Tier II Account also YES NO If yes, please submit details in Annexure I. (Tier II account is not available for NPS Lite/																									
	Swavalamban subscribers).																									
	,																									
	(i) PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*  (i) PENSION FUND SELECTION (Tier I): The names of the all PFs are mentioned in the instructions page and are available to the all sector subscribers with following conditions:  (i) Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:												tor													
	<ul> <li>(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.</li> <li>(ii) NPS Lite/Swavalamban: NPS Lite Swavalamban is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.</li> <li>(iii) All Citizen Model: Subscribers under All Citizen model has the option to choose the available PFs as per their choice in the table below.</li> <li>(iv) Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.</li> </ul>																									
			Name of the Pe	ension Fund				F	Please	e Tic	k (√	)	Availability of the Pension Funds													
		LIC Pension	on Fund Limited										Δvai	lable <sup>1</sup>	to											
		SBI Pensi	on Funds Private Limited	t									Gove	rnme												
		UTI Retire	ment Solutions Limited										56	ector	Availab			ole to		Available to All		Available t		le to		
			lential Pension Funds M		npan	y Limi	ted					4						₋ite/ ambar			en Mo		C	Orpo		
			nindra Pension Fund Lim						<u> </u>		1	_														
			Capital Pension Fund Lirnsion Management Com						<u> </u>		<u> </u> 	$\dashv$														
		* Selection of	of Pension Fund is manda	tory both in Active											oice o	of PF,	pleas	se note	e that	t it is d	leeme	d that y	/ou ha	ve con	sente	b
	* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.																									
	` '		COPTION (Available						•		Мо	del	Sub	scrib	oers)	)										
	•	ease rick ( ive Choic	() in the box given by	elow snowing Choice	youi	rinve	estme	eni	optio	on).																
			uto Choice, please refer		_ cume	nt. Ple	ease	no	te:																	
			do not indicate any inventance in the desired to the desired for Auto Ch											tion I	n cas	e vou	do	the A	sset	Alloca	ation i	netruct	ions w	vill he	ianor	ed.
	۷.	and investr	nent will be made as per	Auto Choice.	шир	30000	) II DC	1011	riciali	ng to	, , , ,	3017	illoca		ii oac	ic you	uo,	11071	3301	7 111000	101111	iotiuot	10113 W	VIII DC	gnor	,u
	(iii) AS	SET ALLO	CATION (to be filled	l up only in c	ase	you	have	e s	elect	ed t	he	'Ac	tive	Choi	ce' i	nves	tme	nt op	otio	n)						_
	As	set Class	E (Cannot exceed 50%)	С		G			Tot	al													es mus			
		%												n shal											,	
11	DECL A	DATION E	BY SUBSCRIBER* ( F	Places refer to 9	er no	6 of t	ho in	otr	uotion	٥ /																
			orization by all subscri		51 110.	0011	ine in	ISII	uction	S)																
	by me ar	re true and o	erstood the terms and concorrect, to the best of my	knowledge and	d beli	ef. I u	ınder	tak	e to ir	form	ı imr	ned	iately	the C	entra	I Rec	ord Ł	<b>Keepir</b>	ng A	gency	/Natio	nal Pe	ension	Syste	m Tru	ust,
			above information furnision or documents.	shed by me. I do	not l	hold a	ıny pı	re-e	existin	g ac	cour	nt ur	nder N	IPS. I	unde	rstan	d tha	t I sha	all be	fully	liable	for sul	omissi	on of a	any fa	lse
	complete	e or partial w	bound by the terms and ithout any new declarations CDA website.																							
	Addition	nal declarat	ie CRA website.  ion by Swavalamban s d to me and understood	ubscriber	han d	uidelii	nes s	and	I mee	ot the	nre	ecri	ihed e	liaihili	ity cri	teria f	or a	eeietai	nce	under	the s	cheme	a I ale	o und	ertake	
	adhere t	o the prescr	ibed contribution limit of	minimum Rs. 1	1000/	- and	max	imu	ım of	Rs.	1200	00/-,	failin	g whic	ch the	e Cen	tral (	Gover	nme	nt cor	ntribut	ion cre	edited	to my	acco	unt
	may be forfeited along with such interest rates as may be prescribed.  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		/ m m / / y y				,		. 3																	
	Diana																									
	Place :																									
													Si										ber in		k inl	(
<u>                                   </u>	(* LTI in case of male and RTI in case of female)																									
	ACKNOWLEDGEMENT																									
N	ame of	the Subsc	riber:					_				_					_		_							_
C	ontribu	tion Amour	nt Remitted:	₹						<u> </u>																
	ate of F	Receipt of A	Application and Contr	ibution Amour	nt:	d	d	1	m	m	1	У	У	У	У											

Stamp and Signature of the Employer/PoP/Aggregator:

12. DECLARATION BY EMPLOYER/POP/AGGREGATOR								
Applicable to Government Subscribers only								
(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory)								
Date of Joining	m m / y y y y	Date of Retirement d d l m m l y y y y						
Employee Code/ID								
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	Number	Basic Pay						
Pay Scale								
	etails provided above are as per the servic	employed with us, e record of the employee maintained by us. Also, 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.						
O'control of the Arthur to the control	D. H. Giana (III. DDG	D the Other File PTO/DAG/ODDG/						
Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	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 dd lmm mlyyyyy						
	Applicable to Corpora	ate Subscribers only						
	bers Employment Details to be filled and a	ittested by Corporate (All Details are Mandatory))						
Date of Joining d d /	m m I y y y y	Date of Retirement d d l m m l y y y y						
Employee ID								
Corporate Regd. No Allotted by CRA		CBO No. allotted by CRA						
Certified that the details provided in this su		employed with us, including emaintained by us. Also, it is further certified that he / she has read the entries / entries						
have been read over to him / her by us ar								
	Date d d							
Signature of the Authorized Person (In the box above)  Place  Rubber Stamp of the Corporate								
	(In the box above)							
Signature of the Authorized Person  Designation of the Authorized Person:	(In the box above)	Rubber Stamp of the Corporate (In the box above)						
Designation of the Authorized Person:	be filled by POP-SP (Only in case of All	(In the box above)  Citizen Model or Corporate subscribers)						
Designation of the Authorized Person:	be filled by POP-SP (Only in case of All	(In the box above)						
Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc	be filled by POP-SP (Only in case of All	(In the box above)    Citizen Model or Corporate subscribers)   POP-SP Registration Number						
Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted  YES	be filled by POP-SP (Only in case of All	(In the box above)  Citizen Model or Corporate subscribers)						
Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/I	be filled by POP-SP (Only in case of All NO KYC	(In the box above)    Citizen Model or Corporate subscribers)   POP-SP Registration Number   Compliance YES NO						
Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/I Bank account no	be filled by POP-SP (Only in case of All  of:  NO  KYC  Kum  at brane	(In the box above)    Citizen Model or Corporate subscribers)   POP-SP Registration Number   Compliance YES NO						
Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/I Bank account no for opening NPS account have been fully is not a 'Basic Savings Bank Deposit Acc	be filled by POP-SP (Only in case of All of:  NO KYC  Kum  complied with. We further confirm that the ount'.	(In the box above)    Citizen Model or Corporate subscribers)   POP-SP Registration Number   Compliance YES NO   No   San existing customer of the Bank having fully operative Saving the and KYC norms required for opening Bank Account which match the requirements						
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Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/I Bank account no	be filled by POP-SP (Only in case of All  of:  NO KYC  Kum  at branc  complied with. We further confirm that the ount'.  matatory  sioned on the original Aadhaar card are matatory  Claration by the Aggregator (Only in cast L - AO)  with the aggregator and he/she has opted seed before me by	Citizen Model or Corporate subscribers    POP-SP Registration Number						
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Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/I Bank account no	be filled by POP-SP (Only in case of All  of:  NO KYC  Kum  at branc  complied with. We further confirm that the ount'.  Indatory  Signature of Authorized Signator  Claration by the Aggregator (Only in cast L - AO)  with the aggregator and he/she has opted ssed before me by  d person (In the box above)	Citizen Model or Corporate subscribers    POP-SP Registration Number						
Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/I Bank account no for opening NPS account have been fully is not a 'Basic Savings Bank Deposit Acc Adhaar Based KYC Certificate: Not Ma I/we hereby certify that Aadhaar Number checked and the name and address ment  To be filled by POP-SP  POP-SP Seal  De  Authorisation by Aggregator's office (N Certified that the subscriber is registered to declaration has been signed /thumb impre  Signature of the Authorise  Name of the Aggregator  NPS Lite Account Office (NL-AO) Registra Membership No. allotted by Aggregator (in	be filled by POP-SP (Only in case of All of:  NO KYC  Kum Strand	Citizen Model or Corporate subscribers    POP-SP Registration Number   P						
Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/I Bank account no	be filled by POP-SP (Only in case of All of:  NO KYC  Kum	Citizen Model or Corporate subscribers    POP-SP Registration Number   P						
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Designation of the Authorized Person:  To  Receipt No. (17 digits)  Document accepted for date of Birth Proc Copy of PAN card submitted YES  Existing Bank Customer:  I/we hereby certify/confirm that Shri/Smt/I Bank account no	be filled by POP-SP (Only in case of All of:  NO KYC  Kum	Compliance YES NO Sharper No Name:  Designation:  Designat						

CSRF 1 (Ver-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.
- (b) 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 left blank or the application form is printed back to back
- (c) 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.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (f) The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- (g) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website http://www.npscra.nsdl.co.in

S.No	Item No.	Item Details	Instructions									
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.									
1	1	Father's Name	ii. F	f father's name has more than 30 digits, you may fill Annexul Father's name is mandatory. However, if applicant does not mother's name on Annexure II and the mother's name will be f the applicant wants mother's name to be printed instead of	or the same. t to provide father's name, he/she has an option to provide ed on PRAN card							
			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						
		Identity, Correspondence & Permanent address details	2	Ration card with photograph.	2	Ration card with photograph and residential address						
			3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address						
			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	Valid Driving license with photograph and residential address							
			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 level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.						
			8	of Parliament of		Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly						
2	2, 3 & 4		9	Authority of India 9 Authority of Ind		Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address						
			10	Job cards issued by NREGA duly signed by an officer of the State Government		Job cards issued by NREGA duly signed by an officer of the State Government						
			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 any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.						
			12			Latest Electricity/water bill in the name of the Subscriber showing the address (less than 3 months old)						
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the Subscriber showing the address (less than 3 months old)							
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)						
						Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation)						
			(ii) I	the address on the document submitted for identity proof by the prospective customer is same as that declared by himber account opening form, the document may be accepted as a valid proof of both identity and address. The address indicated on the document submitted for identity proof differs from the current address mentioned in the accepting form, a separate proof of address should be obtained. All future communications will be sent to correspondences. If correspondence & Permanent address are different, then proof for both have to be submitted.  Case of Government subscribers, the KYC documents may be submitted within a period of 30 days after generation of F								
		Other Details (Occupation Details)		Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign								
3	6	Politically Exposed Person	country, for example heads of state or of the government, senior politicians, senior government, judicial or military of executives of state-owned corporations, important political party officials.									
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing 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 not be accepted in the nomination(s). Sum of percentage is not equal to 100, entire nomination will be rejected.									
6	12	Declaration by Subscriber				in the form. Thumb impression, if used, should be attested sion in case of male and Right Thumb Impression in case of						

## **General Information for Subscribers**

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.

For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in

Call: 022-2499-4200

e-mail: info.cra@nsdl.co.in

Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,

Lower Parel (W), Mumbai - 400 013.