Ver 1.3

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NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM Central Recordkeeping Agency (CRA) – NSDL e-Governance Infrastructure Limited ✓ Please select your category State Govt. [Please tick()] recent colour photograph of To, 3.5 cm × 2.5 cm size / National Pension System Trust. Passport 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) KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers Generated from Central KYC Registry KYC Number (if applicable) Patiromant Advisor Code (16

| Re | tirement Adviser Code (If applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------|--------|----------------|--|--------|--------|-------|-------|----------|--------|--------|----------|---|----------|--------|--------|-------|---------|-------|------|-------|------|-------|---------|-----------|---------|-----------|--------|----------|
| 1. | PERSONAL DETAILS: (Please | refer | r to S | Gr. No | o.1 o | f the | e inst | ructio | ons) | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Applicant in full | S | Shri | | | | Sm | t. 🗌 | | | Κι | ımai | ri 🗌 | _ | | | | | | | | | | | | | | | | | |
| | First Name* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Subscriber's Maiden Name (if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Father's Name* | F | i | r | S | t | | | | | | | | M | i | d | d | | е | | | | | | L | а | S | t | | | |
| | (Refer Sr. No. 1 of instructions) | _ | | | | | | | | | | | | | | | | | | · · · | | | | | | | | | | | |
| | Mother's Name* (Refer Sr. No. 1 of instructions) | F | | r | S | t | | | | | | | | IVI | | C | C | | е | | | | | | | а | S | t | | | |
| | Father's name will be printed on PRAN | N car | d. In | case | , mot | her's | s nam | ne to | be pr | intec | l inst | ead o | of fat | her's | nam | e [P | leas | e ticl | < (✓) |)] | | | | | | | | | | | |
| | Date of Birth* | d | d | / | m | m | / | у | у | у | У | | (Da | te o | f Birtl | h sho | buld | be s | uppo | orted I | by re | leva | ant d | ocur | nent | ary p | oroof) |) | | | |
| | City of Birth* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Country of Birth* | | N | D | 1 | Α | | | | | | | | | | | | | | İİ | | _ | | | | | <u> </u> | | <u> </u> | | |
| | Gender* [Please tick (✓)] | Mal | _ | 1 | | Fe | mal | еГ | 1 | C |) the | rs [| 7 | 1 | | | Nat | tion | ality | /* | | | Ir | ndia | n 🗸 | 1 | | | | | |
| | Marital Status* | | rried | | | | | rried | | | | Othe | | | | | | | | | | | | | | _ | | | | | |
| | Spouse Name* | F | i | r | S | t | | | | | | | | M | i | d | d | | е | | | | | | L | а | S | t | | | |
| | (Refer Sr. No. 1 of instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Residential Status* | Indi | an | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | PROOF OF IDENTITY (Pol)* (A | Any c | one c | of the | e doc | ume | ents r | need | to be | e pro | vide | ed ald | ong v | with | the ic | lenti | ficati | on n | umb | ber) | | | | | | | | | | | |
| | Passport | | | | | | | | | | | | | Pa | assp | ort E | Expi | ry D | ate | | | d | d | / | m | m | / | V | V | V | V |
| | Voter ID Card | | | | | | | | | | | | | | N C | | | , | | | | | | | | | | | | | |
| | Driving License | | | | | | | | | | | | | D | riving | g Lio | ens | se E | xpir | y Dat | te | d | d | / | m | m | 1 | V | V | V | V |
| | NREGA JOB Card | | | | | | | | | _ | | | | | ` | <u> </u> | | | • | , | | | | | | | | | | | <u> </u> |
| | Others | Nar | me c | of the | e ID | | | | | _ | | | | | | | D | | Ν | u | m | b | е | r | Pleas | se refe | er Sr. ۱ | lo. 2 c | of the ir | nstruc | tions. |
| | and authenticate my identify thr (Targeted Delivery of Financial Aadhaar details (physical and / inactive in NPS or the timefram provided, for the purpose of Aa | I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | As per the amendments made under If you do not have Aadhaar and / or i | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | r NPS. |
| [Please tick (✓), as applicable] #Not more than 3 months old. Please refer Sr. No. 2 of the instructions | | | | | Pa Ca Re | Correspondence Address Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence #Latest Gas/Electricity/Telephone[Landline] Bill | | | | | | | | b F C | Permanent Address Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence #Latest Gas/Electricity/Telephone[Landline] Bill | | | | | | | | | | | | | | | | |
| 4.1 | CORRESPONDENCE ADDR | ESS | DE | TAIL | _S* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address Type* | Res | sider | ntial | /Bus | sines | ss | ✓ | | | | | | | | | | | | | | | | | | | | | | | |
| | Flat/Room/Door/Block no. | | | | | | | | | | | | | | | | | La | ndm | nark | | | | | | | | | | | |
| | Premises/Building/Village | | | | | | | | | | | | | | | _ | _ | | | | | | | | | | H | | | | |
| | Road/Street/Lane | | | | | | | | | | | | | | | _ | _ | | | | | | | | | | | | | | |
| | Area/Locality/Taluk | | \square | | | | | | | | | | | | | _ | _ | | | | | | | | | | \square | | | | |
| | | | | | | | | | | | | | | | | _ | _ | | | | | | | | | | \square | | | | |
| | City/Town/District | | | | | | | | | | | | | | | | | | | | | P | 'IN C | Cod | 1 | | | | | | |
| | State/U.T. | S | | K | K | I | M | | | | I | N | D | | Α | | | | | | | | С | 0 | U | n | t | ľ | У | | |
| | Address Type* Residential/Business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Address Type* | Residential/Business 🖌 |
|---------------------------|------------------------|
| Flat/Room/Door/Block no. | Landmark |
| Premises/Building/Village | |
| Road/Street/Lane | |
| Area/Locality/Taluk | |
| City/Town/District | PIN Code |
| State/U.T. | |

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| 5. CONTACT DETAILS | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|
| Tel. (Off) (with STD code) + Tel. (Res): (with STD code) + | | | | | | | | | | | | |
| Mobile* (Mandatory) + 9 1 (Mobile Number is required for communic | ation and to get SMS alerts) | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| OTHER DETAILS (Please refer to Sr no. 3 of the instructions) Occupation Details* [please tick(✓)] | | | | | | | | | | | | |
| Government Sector | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ▶ 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 | | | | | | | | | | | |
| | rofessionals (CA, CS, CMA, etc.) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions) | | | | | | | | | | | | |
| (All the bank details are mandatony except MICP Code.) | | | | | | | | | | | | |
| Account Type [please tick(✓)] Savings A/c □ Current A/c □ !!! ENCLOSE CANC | ELLED CHEQUE | | | | | | | | | | | |
| Bank A/c Number | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | |
| Branch Name | | | | | | | | | | | | |
| Branch Address | N Code | | | | | | | | | | | |
| State/U.T. | Country | | | | | | | | | | | |
| Bank MICR Code | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions) | Nemination Form) and its second (| | | | | | | | | | | |
| Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additiona | | | | | | | | | | | | |
| First Name Middle Name | Last Name | | | | | | | | | | | |
| Relationship with the Nominee | | | | | | | | | | | | |
| Date of Birth (In case of Minor) | / m m / y y y y | | | | | | | | | | | |
| Nominee's Guardian Details (in case of a minor) | | | | | | | | | | | | |
| First Name Middle Name | Last Name | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 9. NPS OPTION DETAILS (Please tick (\checkmark) as applicable) | | | | | | | | | | | | |
| I would like to subscribe for Tier II Account also NO 🗹 If Yes, please submit details in Annexure I. | | | | | | | | | | | | |
| (If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to F POP-SPs rendering services under NPS and Annexure S10 is available on CRA website) | POP/POP-SP of your choice. The list of POP/ | | | | | | | | | | | |
| I would like my PRAN to be printed in Hindi NO 🗹 If Yes, please submit details on Annexure II | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions) | | | | | | | | | | | | |
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| NOT APPLICABLE FOR STATE GOVERNMENT EMP | LOYEES | | | | | | | | | | | |
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NOT APPLICABLE FOR STATE GOVERNMENT EMPLOYEES

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

Section I*

US Person*

No 🖌

Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

| Particulars | Country (1) | |
|--|-------------------|--------|
| Country of tax residency | INDIA | |
| | Address Line 1 | |
| Address in the jurisdiction for Tax | City/Town/Village | |
| Residence | State | SIKKIM |
| | PIN Code | |
| Permanent Accourt | | |
| PAN Issuing Country | INDIA | |
| Validity of documentary evidence provided (Who | Lifetime Validity | |

"I certify that:

- a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

| Date d / n | n m / y y y y | |
|--------------------|---------------|--|
| Place : | | Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females) |
| Name of subscriber | | |

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| 12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instruction | ns) | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Declaration & Authorization by all subscribers | | | | | | | | | |
| I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDAAct, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. 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. | | | | | | | | | |
| I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whethe complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN. | | | | | | | | | |
| 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 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 found violating the provisions of any law relating to prevention of money laundering. | | | | | | | | | |
| Date d d / m m / y y y y | | | | | | | | | |
| Place : | Signature (Thumh Impression* of Subscriber in black ink | | | | | | | | |
| | Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females) | | | | | | | | |
| 13. DECLARATION BY EMPLOYER | | | | | | | | | |
| Applicable to Governn | nent Subscribers only | | | | | | | | |
| (Subscribers Employment Details to be filled and | attested by the Deptt. (All Details are Mandatory) | | | | | | | | |
| Date of Joining d / m m / y y y | Date of Retirement d d / m / y y y | | | | | | | | |
| Employee Code/ID (If applicable) | Employee Code/ID and PPAN are optional. If you intend to provide, mention any one. | | | | | | | | |
| PPAN (If applicable) Group of Employee (Tick as applicable) Group A | | | | | | | | | |
| | | | | | | | | | |
| Department | | | | | | | | | |
| Ministry S T A T E G O V T | | | | | | | | | |
| DDO Registration Number S G V 1 4 2 5 4 1 C | | | | | | | | | |
| DTO Registration Number 4 0 1 3 6 5 | | | | | | | | | |
| Basic Pay | | | | | | | | | |
| Pay Scale | | | | | | | | | |
| It is certified that the details provided in this subscriber registration form by employee with us, includin the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified the he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her. | | | | | | | | | |
| Signature of the Authorised person (In the box above) Rubber Stamp of the DDO (In the box above) (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 d d / m m / y | | | | | | | | |
| [To be filled by CRA - Facil | itation Centre (CRA-FC)] | | | | | | | | |
| Received by CRA-F | C Registration Number | | | | | | | | |
| Date d d / m m / y | | | | | | | | | |
| Acknowledgement Number (by CRA-FC) | | | | | | | | | |
| PRAN Alloted | | | | | | | | | |
| ACKNOWLE | DGEMENT | | | | | | | | |
| Name of the Subscriber: | | | | | | | | | |
| Contribution Amount Remitted: ₹ | | | | | | | | | |
| Date of Receipt of Application and Contribution Amount: | m I y y y y | | | | | | | | |