



“A++” Accredited by NAAC (2021) with CGPA 3.52

शिवाजी विद्यापीठ, कोल्हापूर

परिपत्रक

(तात्काळ/कालमर्यादित)

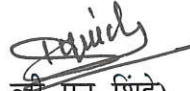
विषय : DCPS योजना NPS मध्ये समाविष्ट करून स्तर -१ च्या अंमलबजावणीच्या अनुषंगाने PRAN क्र. नोंदणी करीता CSRF फॉर्म भरणेबाबत.

विद्यापीठातील वेतन अनुदान पदावर DCPS योजनेअंतर्गत कार्यरत शिक्षक व शिक्षकेत्तर कर्मचारी यांना NPS मध्ये समाविष्ट करणेकामी **Online PRAN नोंदणीकरीता CSRF व नामांकन फॉर्म संबंधितांनी तीन प्रतीमध्ये भरून देणे आवश्यक आहे.**

विद्यापीठातील वेतन अनुदान पदावरील जे शिक्षक, अधिकारी व प्रशासकीय सेवक नविन अंशदान निवृत्ती वेतन योजनेचे (DCPS) सभासद आहेत त्यांना राष्ट्रीय निवृत्ती वेतन योजनेत (NPS) मध्ये समाविष्ट करणेकामी सोबत जोडल्याप्रमाणे **CSRF व नामांकन फॉर्म तीन प्रतीमध्ये भरून कार्यालयास दि. १९/०१/२०२२ पर्यंत जमा करणे आवश्यक आहे.**

सदरचे फॉर्म भरणेपूर्वी फॉर्म सोबत जोडलेल्या सूचना (Instruction for filling the SRF) वाचण्यात याव्यात व त्यानुसार फॉर्म भरावा. फॉर्म सोबत संबंधीत कागदपत्रे जसे PAN, आधार, जन्मदिनांक प्रमाणपत्र इ. यांच्या सत्यप्रती संलग्न कराव्यात. तसेच खालीलप्रमाणे सूचना अवलोकनी घ्याव्यात.

१. CSRF फॉर्म मधील अ.क्र. १ ते ८ भरून देणे आवश्यक आहे.
२. CSRF फॉर्म मधील अ.क्र. ९ ते १० भरून देणे आवश्यक नाही/ संबंधीत नाही.
३. CSRF फॉर्म मधील अ.क्र. ११, १२ १३ भरून देणे आवश्यक आहे.
४. CSRF फॉर्म मधील अ.क्र. १४, १५, १६ भरून देणे आवश्यक नाही/ संबंधीत नाही.
५. CSRF फॉर्ममध्ये विहीत जागेत, विहीत साईजचाच फोटो (३.५ * २.५ cm) चिकटवा. (स्टॅपल करू नये)
६. CSRF फॉर्म मधील विहीत जागेत काळ्या शाईच्या पेननेच स्वाक्षरी कराव्यात.
७. CSRF फॉर्म मधील माहिती टंकलेखित, संगणक मुद्रीत अथवा काळ्या शाईच्या पेननेच भरावा.


(डॉ. व्ही. एन. शिंदे)

प्र. कुलसचिव,
शिवाजी विद्यापीठ, कोल्हापूर

जा.क्र./भनिनि/ १३

दि. 18 JAN 2022

प्रति,

- १) सर्व संबंधित शिक्षक, अधिकारी व प्रशासकीय सेवक.
- २) मा. कुलगुरु, मा. प्र-कुलगुरु, मा. प्र. कुलसचिव, मा. प्र. संचालक परीक्षा व मुल्यमापन मंडळ, मा. प्र. वित्त व लेखा अधिकारी, यांचे कार्यालयास.
- ३) इंटरनेट विभाग - सदरचे परिपत्रक विद्यापीठाच्या संकेस्थळावर प्रसिध्द करावे.

टिप - सदरचे परिपत्रक आपल्या विभागातील सर्व शिक्षक, अधिकारी व प्रशासकीय सेवकांच्या निदर्शनास आणावे.

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Please select your category
[Please tick(✓)]

Central Govt.
Central Autonomous Body
All Citizen Model
NPS Lite (GDS)

State Govt.
State Autonomous Body
Corporate Sector

Affix
recent photograph of
3.5 cm × 2.5 cm size /
Passport size

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:

* 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

KYC Number (if applicable) _____ Generated from Central KYC Registry
Retirement Adviser Code (If applicable) _____

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full	Shri ☐ Smt. ☐ Kumari ☐
First Name*	
Middle Name	
Last Name	
Subscriber's Maiden Name (if any)	
Father's Name*	
(Refer Sr. No. 1 of instructions)	
Mother's Name*	
(Refer Sr. No. 1 of instructions)	
Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)]	☐
Date of Birth*	dd / mm / yyyy (Date of Birth should be supported by relevant documentary proof)
City of Birth*	
Country of Birth*	
Gender* [Please tick (✓)]	Male ☐ Female ☐ Others ☐ Nationality* Indian ☐
Marital Status*	Married ☐ Unmarried ☐ Others ☐
Spouse Name*	
(Refer Sr. No. 1 of instructions)	
Residential Status*	Indian

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification number)

Passport	Passport Expiry Date
Voter ID Card	PAN Card
Driving License	Driving License Expiry Date
NREGA JOB Card	
Others	Name of the ID _____ ID Number _____ Please refer Sr. No. 2 of the instructions.
UID (Aadhaar)	☐ (UIDI [Aadhaar] number not required.)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)*

[Please tick (✓), as applicable]

#Not more than 2 months old.
Please refer Sr. No. 2 of the instructions

Correspondence Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others

Registered Lease/Sale agreement of residence/Municipal Tax Receipt

#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

Permanent Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others

Registered Lease/Sale agreement of residence/Municipal Tax Receipt

#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

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

4.2 PERMANENT ADDRESS DETAILS*

☐ Tick (✓) in the box in case the address is same as above.

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

[illegible][illegible]

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

▶ Occupation Details* [please tick(✓)]

Private Sector ☐	Public Sector ☐	Government Sector ☐	Professional ☐	
Self Employed ☐	Homemaker ☐	Student ☐	Others (Please Specify)	

▶ 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.) ☐

▶ Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐ (Please refer instruction no.3)

► Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐ (Please refer instruction no.3)

7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)

(All the bank details are mandatory except MICR Code.)

Account Type [please tick(✓)] Savings A/c ☐ Current A/c ☐

Bank A/c Number

Bank Name

Branch Name

Branch Address PIN Code

State/U.T. Country

Bank MICR Code IFS Code

[illegible]

8. SUBSCRIBERS NOMINATION DETAILS* (Nomination details are mandatory. Please refer to Sr. No . 5 of the instructions)

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)

First Name	Middle Name	Last Name

Relationship with the Nominee Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name

[illegible]

9. NPS OPTION DETAILS (Please tick (✓) as applicable)

I would like to subscribe for Tier II Account also YES ☐ 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 POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)

I would like my PRAN to be printed in Hindi YES ☐ NO ☐ If Yes, please submit details on Annexure II

I would like my PRAN to be printed in Hindi YES ☐ 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)

(i) **PENSION FUND SELECTION (Tier I) :** Please read below conditions before opting for the choice of Pension Funds:

1. **Government Sector:** The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry.
2. **All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
3. **Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
4. **NPS Lite:** NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

Name of the Pension Fund (Please select only one)	Please Tick (✓)	Default Choice of Pension Funds
LIC Pension Fund Limited	☐	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	☐	
UTI Retirement Solutions Limited	☐	
ICICI Prudential Pension Funds Management Company Limited	☐	
Kotak Mahindra Pension Fund Limited	☐	
HDFC Pension Management Company Limited	☐	
Aditya Birla Sun Life Pension Management Limited	☐	

3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G - Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

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

Section I*

US Person* Yes ☐ 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 (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 certify that:

- 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,
- 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.
- 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.
- 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,
- 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.
- 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
- 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.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date Place : Name of subscriber

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions)**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 PFRDA Act, 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, whether 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 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 Subscriber in black ink
(* LTI in case of male and RTI in case of females)**13. DECLARATION BY EMPLOYER****Applicable to Government Subscribers only**

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining Date of Retirement 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 ☐ Group B ☐ Group C ☐ Group D ☐Office Department Ministry DDO Registration Number DTO/PAO/CDDO/DTA/PrAO Registration Number Basic Pay Pay Scale

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above are as per the service 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.

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	

14. DECLARATION BY EMPLOYER/ CORPORATE**Applicable to Corporate Subscribers only**

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining Date of Retirement Employee Code/ID Corporate Regd. Number (CHO No.) Allotted by CRA CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the 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)

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)

15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite Subscribers

Authorisation by Aggregator's office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me byafter (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator

NPS Lite Account Office (NL-AO) Registration Number NPS Lite - Collection Centre (NL - CC) Registration Number

Membership No. allotted by Aggregator (if any)

Place Date

16. TO BE FILLED BY POP-SP

Receipt No. (17 digits) POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted YES NO KYC Compliance YES NO

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

Identity Verification : Done

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-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by CRA-FC Registration Number

Received at Date

Acknowledgement Number (by CRA-FC)

PRAN Allotted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted: ₹

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- 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 left blank or the application form is printed back to back.
- 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.
- The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. 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.																																																																
		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.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph.</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP for an existing customer.</td> <td>4</td> <td>Certificate of the POP for an existing customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph and residential address.</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>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.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td>11</td> <td>Identity card issued by Central/State government and its Departments, Statutory/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.</td> <td>11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. 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3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.																																																																
5	8	Subscriber's Nomination Details	Nomination details are mandatory. 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 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	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.																																																																
7	11	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 resident for 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 has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) - 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																																																																
8	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																

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.npsra.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

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

INSTRUCTIONS FOR FILLING IN THE FORM

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/
of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1st Nominee

First Name

Middle Name

Last Name

2nd Nominee

First Name

Middle Name

Last Name

3rd Nominee

First Name

Middle Name

Last Name

Address of 1st Nominee

[illegible]

Address of 2nd Nominee

[illegible]

Address of 3rd Nominee

[illegible]

1st Nominee	d	d	/	m	m	/	y	y	y	y	2nd Nominee	d	d	/	m	m	/	y	y	y	y	3rd Nominee	d	d	/	m	m	/	y	y	y	y
-------------	---	---	---	---	---	---	---	---	---	---	-------------	---	---	---	---	---	---	---	---	---	---	-------------	---	---	---	---	---	---	---	---	---	---

1st Nominee

[illegible]

2nd Nominee

[illegible]

3rd Nominee

[illegible]

1st Nominee			%	2nd Nominee			%	3rd Nominee			%
-------------	--	--	---	-------------	--	--	---	-------------	--	--	---

1st Nominee's Guardian Details

First Name

Middle Name

Last Name

2nd Nominee's Guardian Details

First Name

Middle Name

Last Name

3rd Nominee's Guardian Details

First Name

Middle Name

Last Name

Dated this _____ day of _____ 20__ at _____

Signature/ Thumb Impression* of the Subscriber

1 of 2

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
_____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC

Signature of the Authorised Person

POP-SP/DDO/NL-CC Office Name : _____

Date

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
(Allotted by CRA): _____

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Signature of the Authorised Person

NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Photograph

Affix recent photograph of 3.5 cm x 2.5 cm size / Passport size

Please select your category
[Please tick(✓)]

Central Govt.
Central Autonomous Body
All Citizen Model
NPS Lite (GDS)

State Govt.
State Autonomous Body
Corporate Sector

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:

* 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

KYC Number (If applicable) _____ Generated from Central KYC Registry
Retirement Adviser Code (If applicable) _____

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full
First Name* Shri ☒ Smt. ☐ Kumari ☐
Middle Name
Last Name
Subscriber's Maiden Name (if any)
Father's Name*
(Refer Sr. No. 1 of instructions)
Mother's Name*
(Refer Sr. No. 1 of instructions)
Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)] ☐
Date of Birth* 19/12/1989 / / (Date of Birth should be supported by relevant documentary proof)
City of Birth* N A S H I K
Country of Birth* I N D I A
Gender* [Please tick (✓)] Male ☒ Female ☐ Others ☐ Nationality* Indian ☐
Marital Status* Married ☒ Unmarried ☐ Others ☐
Spouse Name*
(Refer Sr. No. 1 of instructions)
Residential Status* Indian

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification number)

Passport ☒ 1 2 3 4 5 6 Passport Expiry Date 19/12/2030 / /
Voter ID Card PAN Card
Driving License Driving License Expiry Date / /
NREGA JOB Card
Others Name of the ID Please refer Sr. No. 2 of the instructions.

UID (Aadhaar) ☒ (UIDI [Aadhaar] number not required.)

ANY ONE IDENTITY MAY BE PROVIDED

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)*

[Please tick (✓), as applicable]
#Not more than 2 months old.
Please refer Sr. No. 2 of the instructions

Correspondence Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
Registered Lease/Sale agreement of residence/Municipal Tax Receipt
#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

Permanent Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
Registered Lease/Sale agreement of residence/Municipal Tax Receipt
#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type* Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☒ Unspecified ☐
Flat/Room/Door/Block no. 2 3 1 Landmark W O R L D T O W E R
Premises/Building/Village K A M L A M I L L S C O M P O U N D
Road/Street/Lane S E N A P A T I B A P A T M A R G
Area/Locality/Taluk L O W R P A R E L
City/Town/District M U M B A I PIN Code 4 0 0 0 1 3
State/U.T. M A H A R A S H T R A

4.2 PERMANENT ADDRESS DETAILS*

☐ Tick (✓) in the box in case the address is same as above.

Address Type* Residential/Business ☐ Residential ☒ Business ☐ Registered Office ☐ Unspecified ☐
Flat/Room/Door/Block no. 1 2 3 Landmark T E M P L E
Premises/Building/Village R A M N A G A R
Road/Street/Lane N A S H I K
Area/Locality/Taluk N A S H I K
City/Town/District PIN Code 1 2 3 4 5 6
State/U.T. M A H A R A S H T R A

5. CONTACT DETAILS

Tel. (Off) (with STD code) + Tel. (Res): (with STD code) +

Mobile* (Mandatory) + 9 1 1 2 3 4 5 6 7 8 9 (Mobile Number is required for communication and to get SMS alerts)

Email ID deepak12345@mail.com

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

► Occupation Details* [please tick(✓)]

Private Sector ☐ Public Sector ☐ Government Sector ☒ Professional ☐

Self Employed ☐ Homemaker ☐ Student ☐ Others (Please Specify)

► 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.) ☐

► Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐ (Please refer instruction no.3)

7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)

(All the bank details are mandatory except MICR Code.)

Account Type [please tick(✓)] Savings A/c ☒ Current A/c ☐

Bank A/c Number

Bank Name S T A T E B A N K O F I N D I A

Branch Name K A M L A M I L L S

Branch Address K A M L A M I L L S PIN Code

Bank MICR Code

IFS Code S B I N 0 0 0 0 1 2 3

8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No. 5 of the Instructions)

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)

First Name Middle Name Last Name

Relationship with the Nominee WIFE Date of Birth (In case of Minor) / /

Nominee's Guardian Details (in case of a minor)

IN CASE OF MINOR, KINDLY PROVIDE REQUISITE DETAILS

First Name Middle Name Last Name

9. NPS OPTION DETAILS (Please tick (✓) as applicable)

I would like to subscribe for Tier II Account also YES ☐ 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 POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)

I would like my PRAN to be printed in Hindi YES ☐ NO ☐ IF PRAN CARD TO BE PRINTED IN HINDI 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)

(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:

- Government Sector:** The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry.
- All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
- Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
- NPS Lite:** NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

Name of the Pension Fund (Please select only one)	Please Tick (✓)	Default Choice of Pension Funds
LIC Pension Fund Limited	☐	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	☐	
UTI Retirement Solutions Limited	☐	
ICICI Prudential Pension Funds Management Company Limited	☐	
Kotak Mahindra Pension Fund Limited	☐	
HDFC Pension Management Company Limited	☐	
Birla Sunlife Pension Management Limited	☐	

* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice ☐ Auto Choice ☐

Please note:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)



Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invits etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

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

Section I*

US Person* Yes ☐ 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 (2)	Country (3)
Country/countries of tax residency	INDIA		
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)	01 / 01 / 2020	01 / 01 / 2020	01 / 01 / 2020

I certify that:

- 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,
- 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.
- 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.
- 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,
- 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.
- 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
- 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.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date 13-02-2020 / /

Place: MUMBAI

Name of subscriber DEEPAK BHARAT MARATHHE

SIGNATURE

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions)

✓ 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 PFRDA Act, 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, whether 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 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 13-02-2020

Place : MUMBAI

SIGNATURE

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 Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining 15-10-2010

Date of Retirement

Employee Code/ID (If applicable) EMPLOYEE CODE

PPAN (If applicable) D-123456

Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.

Group of Employee (Tick as applicable) Group A ☒ Group B ☐ Group C ☐ Group D ☐

Office CENTRAL RECORD KEEPING AGENCY

Department FINANCE

Ministry FINANCE

DDO Registration Number SGV123456E

DTO/PAO/CDDO/DTA/PrAO Registration Number 3102345

Basic Pay 56000

Pay Scale 56000 - 20200 - 58000

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above are as per the service 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.

SIGNATURE BY DDO	STAMP OF DDO	SIGNATURE BY DTO/DTA	STAMP OF DTO/DTA
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	

14. DECLARATION BY EMPLOYER/ CORPORATE

✗ Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining

Date of Retirement

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the 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)	
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)

15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite Subscribers

Authorisation by Aggregator's office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me byafter (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator

NPS Lite Account Office (NL-AO) Registration Number

NPS Lite - Collection Centre (NL - CC) Registration Number

Membership No. allotted by Aggregator (if any)

Place Date

16. TO BE FILLED BY POP-SP

Receipt No. (17 digits)

POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted YES NO KYC Compliance YES NO

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

Identity Verification : Done

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/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-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by CRA-FC Registration Number

Received at Date

Acknowledgement Number (by CRA-FC)

PRAN Alloted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted: ₹

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

IMPORTANT INSTRUCTIONS

General Guidelines

- 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 left blank or the application form is printed back to back.
- 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.
- The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. 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.																																																																
		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.																																																																
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(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent 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)	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.	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 for an existing customer.	4	Certificate of the POP for an existing 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 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	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	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	10	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, Statutory/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 or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. 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3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. 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 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	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercise the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.																																																																
7	11	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 resident for 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 has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) • 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																																																																
8	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																

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.npsra.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

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.