

NATIONAL PENSION SYSTEM (NPS)

SUBSCRIBER REGISTRATION FORM

Affix
recent colour
photograph
of
3.5 cm X 2.5 cm
size

Please Select your Category [Please tick(✓)]

- Government Sector Corporate Sector
 All Citizen Model NPS Lite/Swavalamban

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)

1. PERSONAL DETAILS:

Name of Applicant in full Shri Smt. Kumari
 First Name*
 Middle Name
 Last Name
 Date of Birth* / / (Date of Birth should be supported by relevant documentary proof)
 Gender [Please tick (✓)] Male Female Others
 Father's Name*
 (Refer Sr. No. 1 of instructions)

2. IDENTITY DETAILS* (Any one of the documents need to be provided)

PAN Aadhaar Voter ID
 Passport Others Name of the ID Please refer Sr. No. 2 of the instructions.

3. CORRESPONDENCE ADDRESS DETAILS*

Flat/Room/Door/Block no. Landmark
 Premises/Building/Village
 Road/Street/Lane
 Area/Locality/Taluk PIN Code
 City/Town/District
 State/U.T.

4. PERMANENT ADDRESS DETAILS

Tick (✓) 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 PIN Code
 City/Town/District
 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 + 9 1
 Email ID
 Do you want to subscribe to SMS Alerts : Yes No Mobile number is essential for receiving sms alerts regarding your NPS account

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

- Occupation Details [please tick(✓)]
 Private Sector Government Sector Public Sector Business Professional Agriculture
 Homemaker Student NRI 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.)

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

Account Type [please tick(✓)] Saving A/c Current A/c
 Bank A/c Number
 Bank Name
 Branch Name PIN Code
 Branch Address
 Bank MICR Code IFSC Code

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)

Nominee Name _____ Date of Birth (In case of Minor) / /

Relationship with the Nominee _____

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

Nominee's Guardian _____

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. (Tier II account is not available for NPS Lite/Swavalamban subscribers).

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*

(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:
 - (a) LIC Pension Fund Limited
 - (b) SBI Pension Funds Pvt. Limited
 - (c) UTI Retirement Solutions Ltd.
- (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.
- (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.
- (iv) **Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

Name of the Pension Fund	Please Tick (✓)	Availability of the Pension Funds			
		Available to Government Sector	Available to NPS Lite/Swavalamban	Available to All Citizen Model*	Available to Corporate Model*
LIC Pension Fund Limited	<input type="checkbox"/>				
SBI Pension Funds Private Limited	<input type="checkbox"/>				
UTI Retirement Solutions Limited	<input type="checkbox"/>				
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>				
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>				
Reliance Capital Pension Fund Limited	<input type="checkbox"/>				
HDFC Pension Management Company Limited	<input type="checkbox"/>				

* 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.

(ii) **INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)**
(Please Tick (✓) in the box given below showing your investment option).

Active Choice Auto Choice

For details on Auto Choice, please refer to the Offer Document. Please note:

1. In case you do not indicate any investment option, your funds will be invested in Auto Choice
2. In case you have opted for Auto Choice, DO NOT fill up section below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice.

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

Asset Class	E (Cannot exceed 50%)	C	G	Total	Note:- The total allocation across E, C and G 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.
%					

11. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 6 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 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 CRAN/PSCAN and view details) & T-pin on the CRA website.

Additional declaration by Swavalamban subscriber

I have read/explained to me and understood the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account 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: / /

Place:

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

ACKNOWLEDGEMENT

Name of the Subscriber: _____

Contribution Amount Remitted: ₹ _____

Date of Receipt of Application and Contribution Amount: / /

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: / / Date of Retirement: / /

Employee Code/ID: _____

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

Office: _____

Department: _____

Ministry: _____

DDO Registration Number: _____ Basic Pay: _____

DTO/PAO/CDDO/DTA/PrAO Registration Number: _____

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	Name of the DDO	Designation of the Authorised Person	Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry	Date: / /		

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 ID: _____ CBO No. allotted by CRA: _____

Corporate Regd. 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.

Signature of the Authorized Person (In the box above)	Date: / /	Rubber Stamp of the Corporate (In the box above)
Designation of the Authorized Person:	Place:	

To be filled by POP-SP. (Only in case of All Citizen Model or Corporate subscribers)

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

Existing Bank Customer:
I/we hereby certify/confirm that Shri/Smt/Kum _____ is an existing customer of the Bank having fully operative Saving Bank account no _____ at _____ branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum _____ is not a 'Basic Savings Bank Deposit Account'.

Aadhaar Based KYC Certificate:
I/we hereby certify that Aadhaar Number _____ of Sh/Smt/Kum _____ has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

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

Declaration by the Aggregator (Only in case of NPS Lite/Swavalamban 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 by _____ after (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)
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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: / /

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

CRA-FC Registration Number: _____

Received by: _____ Date: / /

Received at: _____

Acknowledgement Number (by CRA-FC): _____

PRAN Alloted: _____