NATIONAL PE	ENS	ION	SYS	TEM	(NPS	S) – S	UB	SCI	RIBE	R RE	GIS	TR/	ATI(ON F	OR	M I	or	NF	RI/	OC	;			
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,		d / fam	, _	Social	al media	a	Nev	vs par		agazin			/ / Ra	adio [ase tick		ınan	cial	advis	sor /	app	s [mplo	yer
PRAN Card & Kit* (refer sl no. 1 of instructions)	RAN (al PRAN	I Card				ıh Emai				cal Kit (er/ı	oost)				Pa: rec	ste		
Print my PRAN in Hindi				Yes	No		/es, p	please	subm	t detail:	s as p						,			pa		ort siz	ze	
Please select your category*				Corpora	ate				All C	itizen									(3			grap 2.5 cr	h n size	.)
To,																								
National Pension System Trust Dear Sir/Madam, I hereby request that a	an NP	S acco	unt be	opened	l in my r	name a	s per	r the p	articula	ars give	n belo	ow:											ross / clip	
* indicates mandatory fields. Please fill the	e form	in Eng	lish and	BLOCK	letters ((Refer g	enera	al guid	elines a	t instru								L						
CKYC Identifier	<u> </u>						<u> </u>				F	RA Co	ode		<u> </u>		<u></u>		<u> </u>		<u>_</u>	\perp		
1. PERSONAL DETAILS: (Refer			the inst	_	,								Use /	Annexu	re II i	f nai	ne e	хсее	ds th	ne sp	ace	prov	ded b	below
Salutation* Applicant Name*	F	Shri	s t	Smt.		r	Kum	arı M	i d	dI	е						Lla	a s	t			\top	\top	
Father's Name	F	ir	s t				+	M	i d	d I	е				$\overline{}$		La	_	+		\mp	\mp	\pm	Ħ!
Mother's Name	F	i r	s t		$\overline{}$			M	i d	d I	е					$\overline{}$	La	\rightarrow	+		一	十	$\overline{}$	Ħ
Either Father's or Mother's nar	me is	man	datory	*		Select	the	name	to ap	pear o	n PR	AN Ca	ard		Fatl	ner's	nar	ne		$\overline{\Box}$	Mot	her's	Nan	ne
Date of Birth*	d		m y	y y	/ V																			
Place of Birth*																								
Country of Birth*		Ì					Ì						İ		Ì	Ť		Ì	Ì	İ	T	丁	T	Ħ
Gender*		Male			Fem	nale			Trans	gende	er		Na	ationali	ty*									
Marital Status*		Unma	arried		Mar	ried			Wido	w/Wid	ower			Divor	cee									
Spouse Name* (if married)	F	i r	s t					M	i d	d I	е						L a	S	t					
PAN*								or I	Form	30 furn	ishe	b		Subm	nissio	n of	PAN	l or l	Forn	า 60	is m	and	atory	
Annual Income Range*	Ш	Belov	/ 1 lac			to 5 la	ac		5 lac	o 10 la	ac	10	lac	to 25 I	ac		25 la	c to	1 C	r		Abo	ve 1	Cr
Occupation Details*	\vdash		Sector		rivate S		=	rofess				ployed		Home	make									
Please Tick if Applicable		Politio	cally ex	xposed	d perso	n	R	Relate	d to P	olitical	ly ex	posed	d per	son		(Plea	ise r	efer	ins	truct	ion i	no. 1	1)
2. PROOF OF IDENTITY AND A	DDR	ESS*	(All fiel	lds are	mandat	ory - Re	efer S	Sr. No	. 2 of tl	ne instri	uction	s)												
Non-Resider	nt Indi	ian	(please	tick(√))							Ove	rsea	s Citize	en of	India	3	(plea	ase ti	ick(√))			
Passport									CL Ca	rd No.						T			T	T				
Expiry Date	d	d m	m v	\/ \/	V			-		issue				l 	d	d In	nm	V	V	V V				
Visa/Work Permit No.		G 1111	y	y y	у			-		f issue	2					J 11	1	y	У	<u>y y</u>	╁	П	$\overline{}$	\Box
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Indian Address Proof	F	Passpo		Aadhaa	ar 🗀 [Oriving L	icens		U	as Ado	•		f			OCI	Car	d		\vdash	Pa	assp	ort	
(Copy to be provided)	\vdash	oter II	-	NPR		PoP Cer				o be p			-		H '			icen	ise		=	peci		
,												,					-5 -						,	
3.1 Current Overseas Address*	(Prod	of for th	nis addı	ress is r	mandato	ory for (OCIS)			T 1					_						_	_	
Line 1												\/ i		1 2		_	/ (+	\ \/	\dashv	+	+	
Line 3							+			State/	Provin	re l		l a	g	е	7 0	1	1	У	\dashv	+	+	\forall
Country							+			Otaton	100111		7	P/PIN	Cod	e	+	+			\pm	\pm	\pm	\forall
														71 114							=	<u></u>	_	
3.2 Current Indian Address* (Pro	oof fo	r this a	ddress	is man	datory f	or NRIs	5)															_		
Line 1							_					1/:		1 -		_	1 0	\ :	1 4		\dashv	+	+	
Line 2							+			C1	ato/L	V i		l a	g	е	/ (, I	t	У	\dashv	+	+	+
District							<u> </u>			SI	ate/U	.1.				\dashv	DIN	l Co	nde.		+	+	+	+
Country							_										L III	v C0	ue		=	$\stackrel{\perp}{=}$	=	
4. CONTACT DETAILS*																								
Mobile*							<u> </u>			Telepl	none	with S	TD c	ode	<u> </u>	<u> </u>	<u> </u>		\perp	Щ.		<u> </u>	<u> </u>	Щ
Email ID*																					\perp	\perp		
5. BANK DETAILS* (Proof to be su	ıbmitte	ed - Re	efer Sr.	No. 3 o	f the ins	truction	ıs)																	
Account Type		NRE		N	IRO							IFSC	/SW	IFT Co	ode									
Bank A/c Number	Щ					Į Į										[\Box		<u></u>	
Bank Name																							<u> </u>	
NRIs/OCIs should make contributions							trans	sfers s	nould o	omply t	o regu	ulatory	requ	irement	s of F	RBI /	Gove	ernm	ent a	and F	<u>EMA</u>	, as a	pplica	able.
6. NOMINATION DETAILS* (Refe A. The nomination shall be in favor of						,	fami	ilv. Fo	r nomi	nating n	nore t	han on	ne ne	rson sı	ubmit	Ann	exur	e III						
B. A fresh nomination shall be made by C. Before filling-up the details, please	y the	subscr	iber on	his/her	marriag	ge.		•					- 20	, 50										
Nominee Name	F	i r	s t	iauonsi	וומנו	17 51001	u c u (M	i d	d l	е						La	a s	t		Т	\top	\neg	
Relationship							A	Age		Date of	of Birtl	h (In ca	ase c	of Minor	r) d	d	/	m	m	/	У	У	у	У
Name of Guardian	F	ir	s t				1	M	i d	d	е	<u> </u>				T	L a	_	t		Ť	Ť	T	
(if nominee is a minor)												- 1	-	-					-	- 1				

VEL 2.4					TISHE - THE OC
7. SELECTION OF PENSION FUND 1. All Citizen: Selection of one PF is mandat	` '	,		•	Choice (LC 50).
2. Corporate Model : The PF / Investment Cl		nsultation with your Er			
	f (Please Tick (√) one)			nvestment Choice (Ple	
Aditya Birla Sunlife Pension Mgmt Ltd		Management Limited	Balanced	I Life Cycle Fund (BLC	•)
DSP Pension Fund Managers Private L		•	Active CI		share in applicable asset class below
ICICI Prudential Pension Funds Mgmt Co				(Upto 100%) G (Upto 10	
LIC Pension Fund Limited	TATA Pension Manage	ment Private Limited	% Equity %	Corp Bonds	ec. % Alt. Assets 100%
SBI Pension Funds Private Limited			Auto Cho		cycle fund below
UTI Pension Fund Limited			Conservative (LC25	Moderate (LC5)	O) Aggressive (LC75)
Repatriation of corpus* I would like to open account on	Repatriation Basis		corpus, the contr	ibutions should be	made from NRE account only
9. FATCA* (Foreign Account Tax Co	mnliance Act) & CRS DI	FCI ARATION (Refe	r Sr no 6 of the instr	uctions):	
I am a tax resident of India and not res			of the country/ies me	,	
US Person Yes No.		. am a tax rootaon	. o. a oo a y oo	3.1.03.104 20.011	
Particulars		Country (1)	Country (2)	Country (3)
Country/countries of Tax Re		oounity (/	000) (2)	oody (e)
Address in the jurisdiction for Tax	Address Line 1 City/Town/Village				
Residence	State				
Tax Identification Number (TIN)/Functional equivale	ZIP/Post Code nt Number				
TIN/ Functional equivalent Number Issuing Country					
Validity of documentary evidence provided (Wherev	er applicable)	ddmmyyyy	/	ddmmyyyy	ddmmyyyy
I have understood the information requirement of	,			, I	
hereby confirm that the information provided by n	ne/us on this Form is true, corre	ect and complete and he	ereby accept the same.		e / Thumb Impression* of Applicant
				Oignatur	(refer instructions)
10. DECLARATION BY APPLICANT*	(Refer Sr no. 7 of the instruc	ctions)			
I have read and understood the terms and co furnished by me are true and correct, to the bes informed to CRA / NPS Trust. I do not hold an	st of my knowledge. Any chang	es in the information fur	nished by me shall be		
submission of any false or incorrect information		o. i dildolotalid tilat i	onali be fally liable for		
Declaration under the Prevention of Money I	•	ed forms to walk advantage of			
I here by declare that the contribution paid by m of income. I understand that NPS Trust has t	he right to peruse my financia	al profile or share the in	nformation, with other		
government authorities. I further agree that NI provisions of any law relating to prevention of m	PS Trust has the right to close coney laundering.	e my PRAN in case I a	m found violating the		umb Impression* of Applicant
Date: d d m m v v v v	Place:				es and RTI in case of females to be
Date. a a m m y y y y	i idoc.			provided. Toe	impression in case no hands)
11. DECLARATION BY EMPLOYER (All Details are Mandatory	/)			
Date of Retirement d d	m m y y y y				
Employee Code/ID			Non-man	datory if not available	
CHO Registration Number			CBO Reg	gistration Number	
It is certified that					g the address and employment details
provided above are as per the service record us and got confirmed by him/her.	of the employee maintained	with us. It is further cer	tified that he/she has	read entries/entries ha	ve been read over to him/herby her by
Name of the Authorised Person					
Designation					
Date	d d m m v v	V V			
Place	d d m m y y	УУ	Signatur	re of Authorised person	Rubber stamp of the Employer
Place			Signatu	ire of Authorised person	Rubber stamp of the Employer
12. TO BE FILLED BY POP					
Receipt No. (17 digits)					
POP Registration Number	POP-S	SP Registration Number	er		
Documents Received.					
Existing Customer: I/we hereby certify/confirm	n that Shri/Smt/Kum		is an e	visting KVC verified cus	stomer. The above applicant is having
an operative Bank/ Demat/ Folio/				-	
at brand					. •
in compliance with PML Rules. I/We further c in case of Bank PoP)	onfirm that the Bank a/c of S	sn/Smt/Kum		Is a	NRE/FCNR/NRO Account (applicable
Name of the Authorised Person					
Designation					
Date	d d m m	V V V	V		
	u u iii iii	у у у	Signatu	re of Authorised persor	Rubber stamp of the Pop
Place					
		ACKNOWLEDGE	MENT		
Name of the Subscriber					
Application Receipt Date:	d d m m	V V V	V		
Initial contribution amount					
	Chague / DD	Ophit Instruction	Cash	Stamp and S	Signature of PoP
Mode of payment	Cheque / DD	ebit Instruction	Cash		~

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General guidelines

Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected.

Copies of documents submitted by the applicant should be self-attested.

Applicant is advised to retain the acknowledgement slip signed / stamped by the PoP/PoP-SP office. (c)

SI	Item No	Item Details		Instructions											
		Eligibility / Applicability		3. Overseas Citizen of India (OCIs). Foreign Nationals and Persons of Indian Origin (PIO) at a with an intention to stay for an indefinite period and stays more than 182 days, he/she lose open an NPS account applicable to resident Indians.											
1	1		In case a subscriber opts not to have a physical PRAN Ca	rd or Welcome Kit, reduced account opening charges of CRA are applicable as under:											
		Option for PRAN Card and kit	Account opening with Physical PRAN card in (Rs.)	Account opening with ePRAN card (in Rs.) Welcome kit in hardcopy eWelcome kit (Email)											
			₹ 40.00	₹ 35.00 ₹ 18.00											
		Fathers Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the sai (b) If the applicant is an Orphan, he/she may leave the fields blar	me. nk. However, an official document to support the status to be submitted.											
		Politically Exposed Person		ave been entrusted with prominent public functions such as heads of state or of the tary officials, senior executives of state-owned corporations, important political party officials											
2	2	Proof of Idenity and Address	If the NRI applicant is submitting Aadhaar as proof of Identity a submitted copy	and Address, the first 8 digits of the Aadhaar number should be redacted / masked on the											
3	3	Current Address	Providing current address is mandatory. The submitted address p	· · · · · · · · · · · · · · · · · · ·											
4	5	Bank Details		only. Bank details and documentary proof are mandatory in NPS. Please submit a nk certificate / letter from Bank containing applicant's Name, Bank Name, Bank											
5	6	Nomination Details	nomination made in favour of a person not belonging to family nomination made before such marriage shall deemed to be in be in favor of any person or persons but if the subscriber subscriber shall make a fresh nomination in favour of one or r (b) Please mention relationship as per "Nomination relationship in Unmarried Subscriber Married / Widow / Widower / E 1. Mother, 2. Father, 1. Spouse (Only for Married), 3. Please specify the relationship Transgender), 7. Father in Lav	natrix" provided below: Divorcee Subscriber 2. Son, 3. Daughter, 4. Mother, 5. Father, 6. Mother in Law (Only for Female and v (Only for Female and Transgender), 8. Daughter in Law, 9. Grandson, 10. Granddaughter											
			, ,	each nominee should be in whole numbers and must be equal to 100.											
6	7	Selection of Pension Fund (PF) & Investment Choice	automatically reduces from 45 years to 55 years of age. (2b) Active Choice - Subscriber can actively decide his / her allocations.	c allocation is 50:30:20 until age 45 and allocation to Equity and Corporate Debt											
			and corporate debt automatically reduces from age 35 years to 55 years.												
7	9	FATCA & CRS Declaration	in USA. Tax identification Number (TIN): TIN need not be reported if it integrity number with an equivalent level of identification (a individual include, a social security/insurance number, citizen/p In case applicant is declaring US person status as 'No' but his provided or reasons for not having relinquishment certificate is	nome of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high Functional equivalent"), the same may be reported. Examples of that type of number for ersonal identification/services code/number and resident registration number) s/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be											
8	9 & 10	Declaration / Signature by Applicant		ression in case of male and Right Thumb Impression in case of female should be affixed and rovided. The thumb / toe impression should be attested by two persons, one of whom should official seal and stamp.											

Applicable CRA Charges (Excluding taxes)	Protean CRA
Account Opening Charges	Please refer sr. no. 1 above
Account Maintenance Charges (p.a.)	₹ 69
Charge per transaction	₹ 3.75

	Nomination Relationship Matr	ix (Please mention relationship as per det	tails given below)
Marital Status	Male	Female	Transgender
Unmarried	Mother Father Please specify the relationship if any other person	Mother Father Please specify the relationship if any other person	Mother Father Please specify the relationship if any other person
Married	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter
Widow/ Widower	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter
Divorcee	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter

General Information for Subscribers

The Subscriber can obtain the status of his/her application from CRA and respective Point of Presence (PoP).

Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242

Call: 022-4090 4242

<u>Address</u>: Central Recordkeeping Agency (CRA)

Protean eGov Technologies Limited

(formerly NSDL e-Governance Infrastructure Limited)

1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013

1	Aı	nnexure	s - Sı	ubsc	riber	Regi	strat	ion	For	m foi	NRI/	OCI (applican	ts (Tid	ck an	d fill	appli	icab	le an	nex	ures	belo	ow)						
	Annexure I - हिंदी में ि	प्रेंट करने हे	तु																										
आवे	दक का नाम																												
मध्यन	नाम																												
उपना	म																												
पिता	/ माता का नाम																												
मध्यन	नाम																												
उपना	म																												
	Annexure II - If cha	racters	of na	me e	хсее	ded t	the s	рас	e pr	ovid	ed on	pag	1 of the	е арр	lica	tion	fori	n											
Apr	plicant's First Name																												
	ldle Name																												
	t Name																												
Fatl	her's First Name																												
Mid	ldle Name																												
Las	t Name																												
Mot	ther's First Name																												
Mid	ldle Name																												
Las	t Name																												
	Annexure III - Additi	onal No	mina	tion																									
Per	centage Share	Nor	ninee	1			N	omir	nee	II			Nomin	ee III					T	ota	sho	ould	be	ea	ual	to 1	100°	%	
										+																			
ee	Nominee I - Name	F i	r	s t						A	M	i d		e Diath	/:		-61	14:					t	n 4	B 4		\/	V	V V
Nominee I	Relationship Name of Guardian	Fli		0 +						Age	D.A.		Date of		(III	case	011	VIII	or)				t t	IVI	IVI	/	Y	Y	YY
ž	(if nominee is a minor)		r	s t							M	i d	d I	е						_	а	S	L						
	Nominee II - Name	Fli									M	: d	d I										.						
Nominee II	Relationship	F i	r	s t						٨٥٥	IVI	i d	Date of	e Dirth	(in	2000	of	Min					t	N /	N/I	/	V		YY
mi	Name of Guardian	Fi	r	s t						Age	M	i d		e	(111	Jase	: 01 1	VIIII	OI)			s i		IVI	IVI	/	1	1	1 1
ž	(if nominee is a minor)																				a	2 1							
	Nominee III - Name	Fi	r	s t							M	i d	d I	е							a	s i	t						
ee	Relationship			5 1						Age		1 0	Date of		(in	rase	of I	Min						M	M		Y	Υ	YY
ominee III	Name of Guardian	Fi	r	s t						Age	M	i d		e	(Just	011	VIII.				s 1							
ž	(if nominee is a minor)																												
Na	ame of the Applicant																												
Pla	ace																	0.		, -									
Da	ate		D	/ D/	M/ M	/ Y/ Y	/ Y/ \	Y										Sigi	natur			ıb Im er ins				ot A	pplic	ant	
11	110																				(,				