

NATIONAL PENSION SYSTEM (NPS)

SUBSCRIBER REGISTRATION FORM

Please Select your Category [Please tick(✓)]

- | | |
|--|---|
| <input type="checkbox"/> Government Sector | <input type="checkbox"/> Corporate Sector |
| <input type="checkbox"/> All Citizen Model | <input type="checkbox"/> NPS Lite/Swavalamban |

Affix
recent colour
photograph
of
3.5 cm X 2.5 cm
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)

1. PERSONAL DETAILS:

Name of Applicant in full	Shri <input type="checkbox"/>	Smt. <input type="checkbox"/>	Kumari <input type="checkbox"/>																										
First Name*																													
Middle Name																													
Last Name																													
Date of Birth*	d d /	m m /	y y y y	(Date of Birth should be supported by relevant documentary proof)																									
Gender [Please tick (✓)]	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>																										
Father's Name*	F	i	r	s	t					M	i	d	d	l	e					L	a	s	t						

(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	I D N u m b e r

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	
City/Town/District	PIN Code
State/U.T.	C o u n t r y

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	
City/Town/District	PIN Code
State/U.T.	C o u n t r y

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 <input type="checkbox"/> | Government Sector <input type="checkbox"/> | Public Sector <input type="checkbox"/> | Business <input type="checkbox"/> | Professional <input type="checkbox"/> | Agriculture <input type="checkbox"/> |
| Homemaker <input type="checkbox"/> | Student <input type="checkbox"/> | NRI <input type="checkbox"/> | Other (please specify) <input type="text"/> | | |
- ▶ 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 <input type="checkbox"/>	Current A/c <input type="checkbox"/>	
Bank A/c Number			
Bank Name			
Branch Name			
Branch Address			PIN Code
	State/U.T.	C o u n t r y	
Bank MICR Code	IFSC Code		

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

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 <input type="text" value="d d / m m / y y y y"/>	

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

Corporate Regd. 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.

Signature of the Authorized Person (In the box above)	Date <input type="text" value="d d / m m / y y y y"/>	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'.

Adhaar 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 <input type="text" value="d d / m m / y y y y"/>	

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 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)
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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)]

Received by CRA-FC Registration Number

Received at Date

Acknowledgement Number (by CRA-FC)

PRAN Alloted

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back
- (c) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (f) The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- (g) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website <http://www.npscra.nsdl.co.in>

S.No	Item No.	Item Details	Instructions																																																														
1	1	Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																														
		Father's Name	i. If father's name has more than 30 digits, you may fill Annexure II for the same. ii. Father's name is mandatory. However, if applicant does not want to provide father's name, he/she has an option to provide mother's name on Annexure II and the mother's name will be printed on PRAN card iii. If the applicant wants mother's name to be printed instead of Father's name on PRAN Card, he/she must fill Annexure II																																																														
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 bank for an existing Bank customer.</td> <td>4</td> <td>Certificate of the POP bank for an existing Bank 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 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			Note: (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address. (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) In case of Government subscribers, the KYC documents may be submitted within a period of 30 days after generation of PRAN.																																																														
3	6	Other Details (Occupation Details)	An NRI subscriber would need to furnish an Indian address for communication and bank details within India. Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.																																																														
		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, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.																																																														
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage 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	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 nodal officer with the official seal and stamp. Left Thumb Impression in case of male and Right Thumb Impression in case of female.																																																														

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:
 Website: <https://www.npscra.nsdl.co.in>
 Call: 022-2499-4200
 e-mail: info.cra@nsdl.co.in
 Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

ADDITIONAL REQUEST DETAILS**1. Name of Father** (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)First Name Middle Name Last Name **2. Name of Mother** (required only if the applicant wants mother's name to be printed instead of Father's name on PRAN Card)First Name Middle Name Last Name **3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)**

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only. All the given below fields are mandatory.

	Subscriber's Full Name in Hindi	Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.
First Name	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>

	Name:
	Place:
Signature/Thumb Impression* of Subscriber in black ink	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

TO BE FILLED/ATTESTED BY DDO/POP-SP/NL-CC

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 DDO/POP-SP/NL-CC

Signature of the Authorised Person

DDO/POP-SP/NL-CC Registration Number _____
 (Allotted by CRA)

Designation of the Authorised Person : _____

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

Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO

Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO

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

Signature of the Authorised Person