

GENERAL INSTRUCTIONS

1. For uniformity, **A4 size** printout of Application form is preferred.
2. Please fill the form in English and **BLOCK LETTERS** with **BLACK INK PEN** only.
3. Please do not overwrite.
4. **TWO** sets of Application Form should be sent to
**The Junior Accounts Officer,
NPS Section,
Directorate of Accounts & Treasuries,
Puducherry.**
through proper channel.
5. **MOBILE NUMBER** must be compulsorily filled in Item No.5 of the application.
6. Documents to be enclosed along with the application:
 - I. Self attested Photo Copy of **Bank Pass Book**.
 - II. Self attested Photo Copy of **PAN card**.
 - III. Self attested Photo Copy of **Aadhaar card**.

*. No need to send any other documents.
7. Kindly ensure that the application is complete in all respects as per the **CHECKLIST**.

CHECK LIST (Please ✓)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Mother's name filled in Item No.1 |
| <input type="checkbox"/> | PAN number filled in Item No.2 |
| <input type="checkbox"/> | MOBILE NUMBER & EMAIL-ID filled in Item No.5 |
| <input type="checkbox"/> | IFSC CODE of Bank details filled in Item No.7 |
| <input type="checkbox"/> | PAN number filled in Item No.11 |
| <input type="checkbox"/> | Signature of the applicant in Item No.11 |
| <input type="checkbox"/> | Signature of the applicant in Item No.12 |
| <input type="checkbox"/> | DDO CODE in Item No.13 |
| <input type="checkbox"/> | Enclosed Self attested Photo Copy of BANK PASS BOOK |
| <input type="checkbox"/> | Enclosed Self attested Photo Copy of PAN Card |
| <input type="checkbox"/> | Enclosed Self attested Photo Copy of Aadhaar card |
| <input type="checkbox"/> | DDO Sign in Item No.13 |

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

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

Please select your category
[Please tick(✓)]State Govt.

PRAN= _____

Affix
recent colour
photograph of
3.5 cm × 2.5 cm size /
Passport sizeTo,
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)

PPAN= _____

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

| | | | |
|---|---|------------------------------------|---------------------------------|
| Name of Applicant in full | Shri <input type="checkbox"/> | Smt. <input type="checkbox"/> | Kumari <input type="checkbox"/> |
| First Name* | | | |
| Middle Name | | | |
| Last Name | | | |
| Subscriber's Maiden Name (if any) | | | |
| Father's Name* | F i r s t M i d d l e L a s t | | |
| (Refer Sr. No. 1 of instructions) | | | |
| Mother's Name* | F i r s t M i d d l e L a s t | | |
| (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 (✓)] | <input type="checkbox"/> | | |
| Date of Birth* | d d / m m / y y y y (Date of Birth should be supported by relevant documentary proof) | | |
| City of Birth* | | | |
| Country of Birth* | I N D I A | | |
| Gender* [Please tick (✓)] | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Others <input type="checkbox"/> |
| Nationality* | Indian <input checked="" type="checkbox"/> | | |
| Marital Status* | Married <input type="checkbox"/> | Unmarried <input type="checkbox"/> | Others <input type="checkbox"/> |
| Spouse Name* | F i r s t M i d d l e L a s t | | |
| (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 | d d / m m / y y y y |
| Voter ID Card | | PAN Card*** | |
| Driving License | | Driving License Expiry Date | d d / m m / y y y y |
| NREGA JOB Card | | | |
| Others | Name of the ID | I D N u m b e r | Please refer Sr. No. 2 of the instructions. |

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or 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] | Correspondence Address | Permanent Address |
| #Not more than 3 months old. Please refer Sr. No. 2 of the instructions | Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others | Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others |
| | Registered Lease/Sale agreement of residence | Registered Lease/Sale agreement of residence |
| | #Latest Gas/Electricity/Telephone[Landline] Bill | #Latest Gas/Electricity/Telephone[Landline] Bill |

4.1 CORRESPONDENCE ADDRESS DETAILS*

| | |
|---------------------------|--|
| Address Type* | Residential/Business <input checked="" type="checkbox"/> |
| Flat/Room/Door/Block no. | Landmark |
| Premises/Building/Village | |
| Road/Street/Lane | |
| Area/Locality/Taluk | |
| City/Town/District | PIN Code |
| State/U.T. | I N D I A |

4.2 PERMANENT ADDRESS DETAILS* Tick (✓) in the box in case the address is same as above.

| | |
|---------------------------|--|
| Address Type* | Residential/Business <input checked="" type="checkbox"/> |
| 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 |

5. CONTACT DETAILS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tel. (Off) (with STD code) | + | | | | | | | | | | | | | | | | | | | | Tel. (Res): (with STD code) | + | | | | | | | | | | | | | | | | | | | |
| Mobile* (Mandatory) | + | 9 | 1 | | | | | | | | | | | | | | | | | | | (Mobile Number is required for communication and to get SMS alerts) | | | | | | | | | | | | | | | | | | | |
| Email ID*(Mandatory) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

- ▶ Occupation Details* [please tick(✓)]
- Government Sector
- ▶ Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above
- ▶ Educational Qualification Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.)

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

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

!!! ENCLOSE CANCELLED CHEQUE

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|-------------|--------------------------|-------------|--------------------------|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|--|---|---|---|----------|---|---|---|--|--|--|
| Account Type [please tick(✓)] | Savings 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 | | | | | | | | | | | IFS 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)

| First Name | Middle Name | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|-----------|--|--|--|--|--|--|--|--|----------------------------------|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship with the Nominee | | | | | | | | | | | Date of Birth (In case of Minor) | d | d | / | m | m | / | y | y | y | y | | | | | | | | | |
| Nominee Age: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nominee's Guardian Details (in case of a minor) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | Middle Name | Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

9. NPS OPTION DETAILS (Please tick (✓) as applicable)I would like to subscribe for Tier II Account also **NO** If Yes, please submit details in Annexure I.

(If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to 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 **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)**NOT APPLICABLE FOR STATE GOVERNMENT EMPLOYEES**

NOT APPLICABLE FOR STATE GOVERNMENT EMPLOYEES

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

Section I*

US Person*

No

Section II*

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

| Particulars | | Country (1) |
|---|-------------------|-------------------|
| Country of tax residency | | INDIA |
| Address in the jurisdiction for Tax Residence | Address Line 1 | |
| | City/Town/Village | |
| | State | |
| | PIN Code | |
| Permanent Account Number <u>(PAN)</u> | | |
| PAN Issuing Country | | INDIA |
| Validity of documentary evidence provided (Wherever applicable) | | Lifetime Validity |

Please
fill
up
these
details

"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**To be filled by **Nodal-Office DDO**

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. **DDO CODE:** PPAN (If applicable) Group of Employee (Tick as applicable) Group A Group B Group C Group D Office Department Ministry DDO Registration Number DTO 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) [DDO] | Rubber Stamp of the DDO (In the box above) | Signature of the Authorised person (In the box above) [DAT] | Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above) |
| Designation of the Authorised Person <input type="text"/> | Designation of the Authorised Person JAO | Name of the DDO <input type="text"/> | Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/> |
| Deptt/Ministry <input type="text"/> | Date <input type="text" value="d d / m m / y y y y"/> | | |

[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