

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM - Government Sector
 Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)

Print my PRAN in Hindi Yes No If yes, submit details as per Annexure I

Select your category [Please tick (✓)]

<input type="checkbox"/> Central Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Central Autonomous Body	<input type="checkbox"/> State Autonomous Body

Paste recent photograph of 3.5 cm x 2.5 cm size / Passport size
 (Do not sign across / staple / clip)

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 (Refer general guidelines at instructions page.)

1. PERSONAL DETAILS: (Refer Sr. No. 1 of the instructions) Use Annexure II if name exceeds the space provided below

Salutation* Shri Smt. Kumari

Applicant Name*

F	i	r	s	t						M	i	d	d	l	e						L	a	s	t					
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Father's Name

F	i	r	s	t						M	i	d	d	l	e						L	a	s	t					
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Mother's Name

F	i	r	s	t						M	i	d	d	l	e						L	a	s	t					
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Either Father's or Mother's name is mandatory* **Select the name to appear on PRAN Card** Father's name Mother's Name

Date of Birth*

d	d	m	m	y	y	y	y
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Place of Birth*

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Country of Birth*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender* Male Female Transgender **Nationality***

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Marital Status* Unmarried Married Widow/Widower Divorcee

Spouse Name* (if married)

F	i	r	s	t						M	i	d	d	l	e						L	a	s	t					
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PAN*

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 or Form 60 furnished Submission of PAN or Form 60 is mandatory

Income Range (per annum) Below 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac to 1 Cr Above 1 Cr

Please Tick if Applicable Politically exposed person Related to Politically exposed person (Refer instruction no. 1)

2. PROOF OF IDENTITY (PoI)* (If PAN is not provided, any one of the following documents to be submitted)

Passport

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Passport Expiry Date

d	d	m	m	y	y	y	y
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Driving License

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Driving License Expiry Date

d	d	m	m	y	y	y	y
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Government ID Card

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Voter ID Card

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National Population Register

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Proof of possession of Aadhaar

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 Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on submitted copy

3. ADDRESS DETAILS* (To be attested by the Nodal Office)

Line 1

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Line 2

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District

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Village / City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country

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State/U.T.

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PIN Code

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4. CONTACT DETAILS

Mobile*

9	1																												
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Telephone with STD code

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Email ID

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5. BANK DETAILS* (Proof to be submitted - Refer Sr. No. 3 of the instructions)

Account Type Saving A/c Current A/c

Bank A/c Number

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Bank Name

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IFS Code

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6. NOMINATION DETAILS* (Refer Sr. No. 4 of the instructions)

A. The nomination shall be in favour of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III
 B. A fresh nomination shall be made by the subscriber on his/her marriage.
 C. Before filling up the details, please refer Nomination relationship matrix provided on the instructions page.

Nominee Name

F	i	r	s	t						M	i	d	d	l	e						L	a	s	t					
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Relationship

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (In case of Minor)

d	d	/	m	m	/	y	y	y	y
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Name of Guardian

F	i	r	s	t						M	i	d	d	l	e						L	a	s	t					
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(if nominee is a minor)

7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr. No. 5 of the instructions)

Default option (3 Pension Funds - SBI/UTI/LIC and default Govt. Scheme)
 Please Tick (✓) one I would like to choose my Pension Fund and investment choice (Please select below)

Pension Fund* (Please Tick (✓) one)	Investment Choice (Please Tick (✓) one)				
<input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd	<input type="checkbox"/> Axis Pension Fund Management Limited				
<input type="checkbox"/> DSP Pension Fund Managers Private Ltd	<input type="checkbox"/> HDFC Pension Mgmt Co Ltd				
<input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd	<input type="checkbox"/> Kotak Mahindra Pension Fund Ltd				
<input type="checkbox"/> LIC Pension Fund Limited	<input type="checkbox"/> Max Life Pension Fund Mgmt Ltd				
<input type="checkbox"/> SBI Pension Funds Private Limited	<input type="checkbox"/> TATA Pension Management Private Limited				
<input type="checkbox"/> UTI Retirement Solutions Limited					
	Active Choice (i.e. 100% in Govt Securities) <input type="checkbox"/>				
	Or				
	Auto Choice <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>Conservative (LC25)</td><td><input type="checkbox"/></td></tr><tr><td>Moderate (LC50)</td><td><input type="checkbox"/></td></tr></table>	Conservative (LC25)	<input type="checkbox"/>	Moderate (LC50)	<input type="checkbox"/>
Conservative (LC25)	<input type="checkbox"/>				
Moderate (LC50)	<input type="checkbox"/>				

If no option is chosen, the contributions will be invested as per default option

8. Tier-II Choice (Please tick (✓) to activate)

Providing PAN is mandatory

Tier-II	Tier II - Tax Saver (only for Central Government employees)
<input type="checkbox"/> As per the details given in Annexure IV	<input type="checkbox"/> With same bank, nominee details Please write name of Pension Fund <input type="checkbox"/> With different bank/nominee/investment details as per Annexure IV

9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instruction):

I am a tax resident of India and not resident of any other country
 I am a tax resident of the country/ies mentioned below
 US Person Yes No.

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)	ddmmyyy	ddmmyyy	ddmmyyy

I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same.

Signature / Thumb Impression* of Applicant (refer instructions)

10. DECLARATION BY APPLICANT* (Refer Sr no. 7 of the instructions)

I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. 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.

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 Applicant
(*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

11. DECLARATION BY NODAL OFFICE (All Details are Mandatory)

Date of Joining Date of Retirement
 Employee Code/ID (If applicable)
 PPAN (If applicable)
 Name of the office
 Department
 Ministry
 DDO Registration Number DTO/PAO/CDDO/DTA/PrAO Registration Number

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

It is certified that _____ is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office. 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	Rubber stamp of the DDO	Signature of the Authorised person	Rubber stamp of the DTO/PAO/CDDO
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Name of the Authorised Person	Designation of the Authorised Person
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO
Deptt / Ministry	Date

ACKNOWLEDGEMENT

Name of the Subscriber
 Date of Receipt of Application:

Stamp and Signature of Nodal Officer