

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)

Please select your category
[Please tick(✓)]

Central Govt.
Central Autonomous Body
All Citizen Model
NPS Lite (GDS)

State Govt.
State Autonomous Body
Corporate Sector



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)
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable)

Generated from Central KYC Registry

Retirement Adviser Code (if applicable)

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

Name of Applicant in full

Shri ☒ Smt. ☐ Kumari ☐

First Name*

A B H I S H E K

Middle Name

Last Name

S I N G H

Subscriber's Maiden Name (if any)

Father's Name*

J A G J E E T S I N G H

(Refer Sr. No. 1 of instructions)

Mother's Name*

R U K M A N I D E V I

(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 (✓)] ☐

Date of Birth*

13/07/1992

(Date of Birth should be supported by relevant documentary proof)

City of Birth*

F A T E H P U R

Country of Birth*

I N D I A

Gender* [Please tick (✓)]

Male ☒

Female ☐

Others ☐

Nationality*

Indian ☒

Marital Status*

Married ☒

Unmarried ☐

Others ☐

Spouse Name*

(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

Voter ID Card

PAN Card

F F F P S G 9 4 5 D

Driving License

Driving License Expiry Date

NREGA JOB Card

Others

Name of the ID

[Please refer Sr. No. 2 of the instructions]

UID (Aadhaar)



[UID] [Aadhaar] number not required.)

54-71124-03055

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have 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]

*Not more than 2 months old.

Please refer Sr. No. 2 of the instructions

Correspondence Address

Passport / Driving License / UID (Aadhaar) / Voter ID card / NREGA Job Card / Ration Card / Others

Registered Lease/Sale agreement of residence/Municipal Tax Receipt

#Latest Piped Gas/Water/Electricity/Telephone (Landline or postpaid mobile) Bill

Permanent Address

Passport / Driving License / UID (Aadhaar) / Voter ID card / NREGA Job Card / Ration Card / Others

Registered Lease/Sale agreement of residence/Municipal Tax Receipt

#Latest Piped Gas/Water/Electricity/Telephone (Landline or postpaid mobile) Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type*

Residential/Business



Residential



Business

Registered Office



Unspecified



Flat/Room/Door/Block no.

Landmark

Premises/Building/Village

S H A H P U R H A R D A S P U R

Road/Street/Lane

P O S T - B A R A Y E P U R

Area/Locality/Taluk

D H A T A

City/Town/District

F A T E H P U R

PIN Code

2 1 2 4 5 6

State/U.T.

U T T A R P R A D E S H

4.2 PERMANENT ADDRESS DETAILS*

☒ Tick (✓) in the box in case the address is same as above.

Address Type*

Residential/Business



Residential



Business

Registered Office



Unspecified



Flat/Room/Door/Block no.

Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District

State/U.T.

PIN Code

Tel. (Off) (with STD code)	+										Tel. (Res): (with STD code)	+									
Mobile* (Mandatory)	+	9	1	9	7	9	2	1	2	8	7	8	0	(Mobile Number is required for communication and to get SMS alerts)							
Email ID	a b h i s x l k s i n g h 8 7 8 0 @ g m a i l . C o m																				

Private Sector ☐ Public Sector ☐ Government Sector ☒ Professional ☐
Self Employed ☐ Homemaker ☐ Student ☐ Others (Please Specify)

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.) ☐

Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐ (Please refer instruction no.3)

Account Type [please tick(✓)] Savings A/c ☒ Current A/c ☐

[illegible][illegible][illegible]

Branch Address	D	H	A	T	A	K	H	A	G	A	F	A	T	E	H	P	U	R	PIN Code	2	1	2	6	4	1
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[illegible][illegible]

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
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First Name	Middle Name	Last Name
MITHALA		SINGH

Relationship with the Nominee 1766 47021085

Relationship with the Nominee: WIFE Date of Birth (In case of Minor) 07/03/1995

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

First Name	Middle Name	Last Name
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I would like to subscribe for Tier II Account also YES ☐ 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 YES ☐ NO ☒ If Yes, please submit details on Annexure II

(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:

1. **Government Sector:** The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt./Ministry.

2. **All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.

3. **Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

4. **NPS Lite:** NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

Name of the Pension Fund (Please select only one)	Please Tick <input checked="" type="checkbox"/>	Default Choice of Pension Funds
LIC Pension Fund Limited	<input checked="" type="checkbox"/>	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	<input checked="" type="checkbox"/>	
UTI Retirement Solutions Limited	<input checked="" type="checkbox"/>	
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>	
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>	
HDFC Pension Management Company Limited	<input type="checkbox"/>	
Aditya Birla Sun life Pension Management Limited	<input type="checkbox"/>	

* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(Please Tick (✓) in the box given below showing your investment option).

Active Choice ☐ Auto Choice ☒

Please note:

1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.

2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).

3. In case you have opted for Auto Choice and fill up section (ii) below relating to Asset Allocation, the Asset Allocation Instructions will be ignored and investment will be made as per Auto Choice (LC 50).

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

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G - Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invts etc.
Specify %					100%	
Choices in Govt sector	Not available	Available	Not available		In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A 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.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75	✓	Not available	
LC 50		Available	
LC 25			

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

Section I*

US Person* Yes ☐ 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 (2)	Country (3)
Country/countries of tax residency		INDIA		
Address in the jurisdiction for Tax Residence	Address Line 1	SHAHNUR, HARDOASPUR, POST- BARAYEPUR		
	City/Town/Village	FATEHPUR		
	State	UTTAR PRADESH		
	ZIP/Post Code	212656		
Tax Identification Number (TIN)/Functional equivalent Number		FFFPS 6945D		
TIN/ Functional equivalent Number Issuing Country		INDIA		
Validity of documentary evidence provided (Wherever applicable)		dd/mm/yy	dd/mm/yy	dd/mm/yy

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 17/01/2023

Place: FATEHPUR

Name of subscriber ABHISHAK SINGH

Abhishek Singh

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 17/10/2023

Place: FATEHPUR

Abhishek Singh

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

13. DECLARATION BY EMPLOYER

Applicable to Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining 29/08/2016

Date of Retirement 31/03/2055

Employee Code/ID (If applicable)

PPAN (If applicable)

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

Group of Employee (Tick as applicable)

Group A ☐

Group B ☐

Group C ☒

Group D ☐

Office

BASHIK SHIKSHA ADHIKARI FATEHPUR

Department

BASHIK EDUCATION

Ministry

DDO Registration Number

DTA/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	

14. DECLARATION BY EMPLOYER/ CORPORATE

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 Code/ID

Corporate Regd. Number (CHO 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.

Date

Place

Signature of the Authorised person (In the box above)

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)

15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite 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)

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

16. TO BE FILLED BY POP-SP

Receipt No. (17 digits)

POP-SP Registration Number

Document accepted for date of Birth Proof:

PAN CARD

Copy of PAN card submitted

YES ☒ NO ☐

KYC Compliance

YES ☐ NO ☐

Documents Received:

☒ (Originals Verified) Self Certified

(Attested) True Copies

Identity Verification :

Done

Existing Customer:

I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Bank/ Demat/Folio/.....account (specify nature of the account) having account number/client ID.....maintained at.....branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I / We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

To be filled by POP-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	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 Allotted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted:

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP: