GOVERNMENT OF ODISHA
FINANCE DEPARTMENT

No. 11821/F., dt. 13.04.15
FIN-NPS-0006/2015

From
Shri P.K. Rout,
Joint Secretary to Government.

To
The Additional Chief Secretaries/
Principal Secretaries/Commissioner-cum-Secretary/
Secretary / Special Secretaries to Govt. All Departments,
All Heads of Departments,
All Heads of Public Sector Undertakings
All Collectors.

Sub: - Revision of Subscriber Registration Form is National Pension system (NPS).

Sir/ Madam,

I am directed to say that the existing Subscriber Registration Form- S1 has been revised and a new Subscriber Registration Form known as Common Subscriber Registration Form (CSRF 1) has been notified by Pension Fund Regulatory and Development Authority (PFRDA) New Delhi. The Nodal Offices are advised to use the new form from 1st April, 2015 for registration of subscribers in National Pension System (NPS).

Copy of the Circular No.CRA /SNPSL/SG/2015/50 dt.01.04.2015 of PFRDA, New Delhi along with the Common Subscriber Registration Form (CSRF 1) are enclosed for reference. The same is also available on CRA website (https://npscra.nsdl.co.in/state-forms.php) as well as the website of Finance Department and Director of Treasuries & Inspection, Odisha.

You are, therefore, requested to kindly issue suitable instructions to your sub-ordinate offices for use of Common Subscriber Registration Form (CSRF 1) w.e.f. 01.04.2015 in place of existing Form S1 for registration and allotment of Permanent Retirement Account Number (PRAN) in respect of eligible employees to be covered under NPS.

This may be treated as MOST URGENT.

Yours faithfully,

Joint Secretary to Government
Memo No. 11822 /F., Dated 13.04.15

Copy along with copy of the enclosures forwarded to the Secretary to Governor, Odisha/ Secretary to Chief Minister, Odisha/ P.S. to Minister, Finance, Odisha / Secretary to Odisha Legislative Assembly, Bhubaneswar/ All Revenue Divisional Commissioners/ Secretary to O.P.S.C., Cuttack / Accountant General (A&E), Odisha, Bhubaneswar / Accountant Genera (Audit), Odisha, Bhubaneswar for information and necessary action.

Under Secretary to Government.

Memo No. 11823 /F., Dated 13.04.15

Copy along with copy of the enclosures forwarded to All District and Session judges / All F.As and A.F.As / All Sub-Colllectors / All Treasury, Special Treasury and Sub-Treasury Officers/ Director General, Gopabandhu Academy of Administration, Chandrasekharpur, Bhubaneswar/ Director, Madhusudan Das Regional Academy of Financial Management, Chandrasekharpur, Bhubaneswar / Principal, Secretariat Training Institute, Bhubaneswar for information and necessary action.

Under Secretary to Government.

Memo No. 11824 /F., Dated 13.04.15

Copy along with copy of the enclosures forwarded to the Directorate of Treasuries & Inspection, Odisha for information and necessary action. He is requested to upload the Circular and Common Subscriber Registration Form (CSRF 1) in the website of the Directorate for information and necessary action of all concerned.

Under Secretary to Government.

Memo No. 11825 /F., Dated 13.04.15

Copy along with copy of the enclosures forwarded to all officers and all Branches of Finance Department / Under Examiner, Local Fund Audit, Finance Department / Efficiency Audit Organization, Finance Department for information.

Under Secretary to Government.

Memo No. 11826 /F., Dated 13.04.15

Copy along with copy of the enclosures forwarded to Head, Portal Group Secretariat, Odisha for information. He is requested to kindly host this circular in the official website of Finance Department for general information.

Under Secretary to Government.

Memo No. 11827 /F., Dated 13.04.15

100 (hundred) copies to Guard File.

Under Secretary to Government.
Circular No.: CRA/SNPSL/SG/2015/50.                      April 1, 2015

Subject: Revision of Subscriber Registration Forms

All Nodal Offices are hereby informed that the existing Subscriber Registration Form has been revised and a new Subscriber Registration Form, which is common across all sectors, has been notified by Pension Fund Regulatory and Development Authority (PFRDA). The Nodal Offices are advised to use the new **Common Subscriber Registration Form** from April 1, 2015 for registration of subscribers in National Pension System (NPS).

The Nodal Office are requested to note that the subscribers are required to submit the self-attested copies of supporting documents which needs to be verified with originals by the Nodal Office before submission to CRA-Facilitation Centre for processing. The **Common Subscriber Registration Form, along with its annexures**, is enclosed herewith. The same may also be downloaded from CRA website (https://npscra.nsdl.co.in/state-forms.php).

In case of any clarification please contact the undersigned at 022-2499-4279 (E-mail ID: sunils@nsdl.co.in) or Mr. Sunil Samuel at 022-2499-4279 (sunils@nsdl.co.in)

For and on behalf of
NSDL e-Governance Infrastructure Limited

Chandrashekhar Tilak
Executive Vice President

Enclosed: Common Subscriber Registration Form and 3 Annexures.
NATIONAL PENSION SYSTEM (NPS)
SUBSCRIBER REGISTRATION FORM

To,
National Pension System Trust,
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 □ Smt. □ Kumari □
   - First Name*
   - Middle Name
   - Last Name
   - Date of Birth*: (dd/mm/yyyy) (Date of Birth should be supported by relevant documentary proof)
   - Gender [Please tick (+)]: Male □ Female □ Others □
   - Father’s Name*: (Refer Sr. No. 1 of instructions)

2..IDENTITY DETAILS* (Any one of the documents need to be provided):
   - PAN
   - Aadhaar
   - Passport
   - Voter ID
   - Others: Name of the ID □ ID Number □

3. CORRESPONDENCE ADDRESS DETAILS*
   - Flat/Room/Door/Block no.
   - Premises/Building/Village
   - Road/Street/Lane
   - Area/Locality/Taluk
   - City/Town/District
   - State/U.T.
   - Landmark
   - PIN Code

4. PERMANENT ADDRESS DETAILS*
   - Flat/Room/Door/Block no.
   - Premises/Building/Village
   - Road/Street/Lane
   - Area/Locality/Taluk
   - City/Town/District
   - State/U.T.
   - Landmark
   - PIN Code

   Proof of Address (Correspondence/Permanent)
   - Aadhaar 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)

5. CONTACT DETAILS:
   - Landline Phone (with STD Code):
   - Mobile +91
   - 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 □ Government Sector □ Public Sector □ Business □ Professional □ Agriculture □
     - Other (please specify)

   - 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 □ Current A/c □
   - Bank A/c Number
   - Bank Name
   - Branch Name
   - Branch Address
   - State/U.T. □ PIN Code □

Bank MICR Code □ IFSC Code □
8. SUBSCRIBER NOMINATION DETAILS* (Please refer to Sr. No. 6 of the instructions)
Name: *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)
Nominee Name: ____________________________
Relationship with the Nominee: ____________________________
Date of Birth (In case of Minor): ______/_____/____
Nominee’s Guardian Details (in case of a minor)
Nominee’s Guardian: ____________________________
Date of Birth: ______/_____/____

9. NPS OPTION DETAILS* (Please tick (✓) as applicable)
I would like to subscribe for Tier II Account also: YES □ NO □
If yes, please submit details in Annexure I. (Tier II account is not available for NPS Lite/Swavalamban subscribers).
I would like my PRAN to be printed in Hindi: YES □ NO □
If yes, please submit details on Annexure II.

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*
(i) PENSION FUND SELECTION (Tier I): The names of the all PFs are mentioned in the instructions page and are available to all the sector subscribers with following conditions:
   (a) LIC Pension Fund Limited
   (b) SBI Pension Funds Private Limited
   (c) UTI Retirement Solutions Limited
   (d) ICICI Prudential Pension Funds Management Company Limited
   (e) Reliance Capital Pension Fund Limited
   (f) HDFC Pension Management Company Limited
   (g) NPS Lite/Swavalamban: NPS Lite Swavalamban is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.
   (h) All Citizen Model: Subscribers under All Citizen model has the option to choose the available PFs as per their choice in the table below.
   (i) Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

<table>
<thead>
<tr>
<th>Name of the Pension Fund</th>
<th>Please Tick (✓)</th>
<th>Availability of the Pension Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIC Pension Fund Limited</td>
<td></td>
<td>Available to Government Sector</td>
</tr>
<tr>
<td>SBI Pension Funds Private Limited</td>
<td></td>
<td>Available to NPS Lite/Swavalamban</td>
</tr>
<tr>
<td>UTI Retirement Solutions Limited</td>
<td></td>
<td>Available to All Citizen Model</td>
</tr>
<tr>
<td>ICICI Prudential Pension Funds Management Company Limited</td>
<td></td>
<td>Available to Corporate Model</td>
</tr>
<tr>
<td>Reliance Capital Pension Fund Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDFC Pension Management Company Limited</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   * Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

(ii) INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)
   (Please tick (✓) in the box given below showing your investment option).
   Active Choice: □ Auto Choice: □
   For details on Auto Choice, please refer to the Offer Document. Please note:
   1. In case you do not indicate any investment option, your funds will be invested in Auto Choice.
   2. In case you have opted for Auto Choice, DO NOT fill up section below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice.

(iii) ASSET ALLOCATION (to be filled up only in case you have selected the ‘Active Choice’ investment option)

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>E (Cannot exceed 50%)</th>
<th>C</th>
<th>G</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Note: The total allocation across E, C and G 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.

11. DECLARATION BY SUBSCRIBER* (Please refer to Sr. no. 6 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 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 CRANFSCAN and view details) & T-PIN on the CRA website.

Additional declaration by Swavalamban subscriber
I have read/explained to me and understood the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

Declaration under the Prevention of Money Laundering Act, 2002
I hereby declare that the contribution paid by me/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 female)

ACKNOWLEDGEMENT

Name of the Subscriber: ____________________________
Contribution Amount Remitted: ____________________________
Date of Receipt of Application and Contribution Amount: __________/________/_____
Stamp and Signature of the Employer/POP/Aggregator: ____________________________
### Declaration by Employer (Only applicable to Government subscribers)

<table>
<thead>
<tr>
<th>Date of Joining</th>
<th>Date of Retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>dd/mm/yyyy</em></td>
<td><em>dd/mm/yyyy</em></td>
</tr>
</tbody>
</table>

**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/PAO Registration Number**

**Pay Scale**

It is certified that the details provided in this subscriber registration form by [name of employee], 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 the entries and/or have been read out to him/her by us and confirmed by him/her.

**Signature of the Authorised person (in the box above)**

**Designation of the Authorised Person**

**Name of the DDO**

**Name of the Ministry**

**Employer's Seal**

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### Declaration by Corporate Subscriber (Only applicable to Corporate subscribers)

<table>
<thead>
<tr>
<th>Date of Joining</th>
<th>Date of Retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>dd/mm/yyyy</em></td>
<td><em>dd/mm/yyyy</em></td>
</tr>
</tbody>
</table>

**Corporate Regd. No. Allotted by CRA**

**CBO No. Allotted by CRA**

It is certified that the details provided in this subscriber registration form by [name of corporate subscriber], 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 and/or have been read out to him/her by us and confirmed by him/her.

**Signature of the Authorised Person (in the box above)**

**Designation of the Authorised Person**

**Date**

**Place**

**Employer's Seal**

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### Receipt No. (17 digits)

**Document accepted for date of Birth Proof:**

**Copy of PAN card submitted:**
- YES
- NO

**Existing Bank Customer:**

**Bank account no.**

**Adhaar Based KYC Certificate:**

We hereby certify that Adhaar Number has been checked and the name and address mentioned on the original Adhaar card are matching with that mentioned on NPS application form.

**Name:**

**Designation:**

**Date**

**Place**

**Employer's Seal**

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### Declaration by the Aggregator (Only in case of NPS Life/Surviving 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 impression before me by [date] after (s)he has read the entries/entries have been read out to him/her 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 Life Account Office (NL-AO) Registration Number**

**NPS Life - Collection Centre (NL - CC) Registration Number**

**Membership No. allotted by Aggregator (if any)**

**Place**

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### To be filled by CRA - Facilitation Centre (CRA-FC)

**CRA-FC Registration Number**

**Date**

---

**Acknowledgement Number (by CRA-FC)**

**PRAN Allocated**
# INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

## General Guidelines

- 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 canceling 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.
- 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.
- 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.
- Copies of all documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- The subscriber’s thumb impression should be verified by the DDOP/ADTO/designated officer of POP-SP/Aggregator.
- Government employees (mandatorily covered by NSPs) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NSPs is available on CRA website http://www.npsca.nsl.co.in.

## S.No | Item No. | Item Details | Instructions
--- | --- | --- | ---
1 | 1 | Father’s Name | Please ensure that the date of birth matches as indicated in the document provided in the support.
   |   |   | 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.

## S.No | Item No. | Item Details | Instructions
--- | --- | --- | ---
2 | 2.3.4.5 | Identity, Correspondence & Permanent address details | S.No | Item No. | Item Details | Instructions
--- | --- | --- | ---
|   |   |   | 1 | Proof of Identity (Copy of any one) | 1 | Proof of Address (Copy of any one) |
|   |   |   | Passport issued by Government of India |   | Passport issued by Government of India |
|   |   |   | Aadhar Card |   | Aadhar Card |
|   |   |   | Voter ID Card |   | Voter ID Card |
|   |   |   | Driving License |   | Driving License |
|   |   |   | Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly |   | Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly |
|   |   |   | PAN Card issued by Income tax department |   | PAN Card issued by Income tax department |
|   |   |   | Voter ID Card |   | Voter ID Card |
|   |   |   | Driving License |   | Driving License |
|   |   |   | Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly |   | Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly |
|   |   |   | PAN Card issued by Income tax department |   | PAN Card issued by Income tax department |
|   |   |   | Voter ID Card |   | Voter ID Card |
|   |   |   | Driving License |   | Driving License |
|   |   |   | Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly |   | Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly |
|   |   |   | PAN Card issued by Income tax department |   | PAN Card issued by Income tax department |
|   |   |   | Voter ID Card |   | Voter ID Card |
|   |   |   | Driving License |   | Driving License |

## 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 (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.

## Subscriber’s Bank Details

- For Tier II, 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 IFSC Code) or Bank Certificate containing Name, Bank Account Number and IFSC code, for direct credit or electronic transfer. In case the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFSC code should be submitted.

## Subscriber’s Nomination Details

- In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional value 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.

## 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

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- The Subscriber can obtain the status of his/her registration from CRA and their designated nodal officer.
- For more information / clarifications, contact CRA.
- Website: https://www.npsca.nsl.co.in
- Call: 022-2496-4250
- e-mail: info@npsca.nsl.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.
(ii). Investment Option (Please Tick (v) in the box given below showing your investment option)

<table>
<thead>
<tr>
<th>Active Choice</th>
<th>Auto Choice</th>
<th>(For details on Auto Choice, please refer to the Offer Document)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Note: - (a) In case you do not indicate any investment option, your funds will be invested in Auto Choice. (b) In case you have opted for Auto Choice, DO NOT fill up section (iii) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment made as per Auto Choice.</td>
</tr>
</tbody>
</table>

(iii). Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option)

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>E (% Cannot exceed 50%)</th>
<th>C</th>
<th>G</th>
<th>Total</th>
</tr>
</thead>
</table>

Note: The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP.

Declaration & Authorization by subscriber

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same 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 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/NPSCAN and view details) & T-pin on the CRA website.

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

("LS in case of male and RT in case of female"

To be filled by POP/POP(SP)

POP-SP Registration Number

Copy of PAN Card Submitted YES [ ] NO [ ]

Name:

Designation:

Place:

POP-SP Seal

Signature of Authorised Signatory

Date [ ] [ ] [ ] [ ] [ ] [ ] [ ]
TIER II DETAILS

I hereby submit the following details for activation of Tier II account under NPS.

1. PAN card Number (Mandatory):

2. Subscribers Bank Details: (Mandatory)
   If same as Tier I, Please Tick (✓) else, provide the details below: Savings A/c  Current A/c
   Bank A/c Number
   Bank Name
   Branch Name
   Branch Address
   Bank MICR Code
   State/UT
   PIN CODE
   Country
   IFSC Code

Subscriber's Nomination Details
   If same as Tier I, Please Tick (✓) else, provide the details below. In case you desire to nominate more than one person, please fill Annexure III.

3. Name of the Nominee:
   First Name  Middle Name  Last Name

4. Date of Birth (in case of Minor): mm/dd/yyyy

5. Relationship with the Nominee:

   First Name  Middle Name  Last Name

Subscriber Scheme Preference (Please refer offer document for further details):

7. (i). Pension Fund (PF) Selection (Select only one PF): Selection of PFM is mandatory both in Active and Auto Choice. In case, if you do not indicate a choice of PF, please note that it is deemed that you have consented to opting for the default option for the PF as prescribed by PFRDA. Currently, SBI Pension Funds Private Limited is the default PFM.
   If same as Tier I, Please Tick (✓) else, provide the details below

<table>
<thead>
<tr>
<th>Pension Fund Name</th>
<th>Please tick only one (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIC Pension Fund Limited</td>
<td></td>
</tr>
<tr>
<td>SBI Pension Funds Private Limited</td>
<td></td>
</tr>
<tr>
<td>UTI Retirement Solutions Limited</td>
<td></td>
</tr>
<tr>
<td>ICICI Prudential Pension Funds Management Company Limited</td>
<td></td>
</tr>
<tr>
<td>Kotak Mahindra Pension Fund Limited</td>
<td></td>
</tr>
<tr>
<td>Reliance Capital Pension Fund Limited</td>
<td></td>
</tr>
<tr>
<td>HDFC Pension Management Company Limited</td>
<td></td>
</tr>
</tbody>
</table>
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 Devanagari 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:

<table>
<thead>
<tr>
<th>Subscriber’s Full Name in Hindi</th>
<th>Father/Mother’s Full Name in Hindi</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(As selected in the Subscriber Registration form)</td>
</tr>
<tr>
<td></td>
<td>Please refer Sr. No. 1 of the instructions.</td>
</tr>
</tbody>
</table>

   **Name:**

   **Place:**

   **Signature/Thumb Impression* of Subscriber in black ink**

   **Date:** [d] [m] [y]

   (*LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)
# ADDITIONAL NOMINATION FORM

**INSTRUCTIONS FOR FILLING IN THE FORM**

The details of nominees in whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no. 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I, hereby nominate the person(s) mentioned below who is/are member(s)/of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

<table>
<thead>
<tr>
<th>1. Name of the Nominee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Nominee</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Present Communication address of the nominees:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of 1st Nominee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Date of Birth* (Only in case of a minor):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Nominee</td>
</tr>
<tr>
<td>d d / m m / y y y y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Relationship with the Nominee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Nominee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Percentage Share:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Nominee</td>
</tr>
<tr>
<td>%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Nominee's Guardian Details (Only in case of a minor):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Nominee's Guardian Details</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>

Dated this ______ day of ______ 20 ______ at ______

Signature/Thumb Imprint* of the Subscriber

*Note: Left thumb impression in case of illiterate male subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.
Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Shmt/Me._______ after he/she have read the entries / entries have been read over to him/her by me and got confirmed by him/her.

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

Date __________/____/____/____

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

Designation of the Authorised Person: _____________________________

DDO/POP-SP/NL-CC Registration Number _____________________________
(Allotted by CRA): _________________________________

Rubber Stamp of the DDO/POP-SP/NL-CC: _____________________________

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

Signature of the Authorised Person: _________________________________

Signature of the Authorised Person: _________________________________