Cir. Memo No. F2/13188/2013

Dated 08th February' 2018

Sub:- NATIONAL PENSION SYSTEM – Revision of Subscriber Registration Form (CSRF) – Certification of Subscriber details in CSRF – Instructions to all Treasury Officers / PAOs – Issued.

Attention of all Treasury Officers / PAOs in the State is invited to the Subject cited. They are informed that, the Pension Fund Regulatory and Development Authority (PFRDA) has informed that the existing Subscriber Registration Form (**CSRF.1**) has been revised and new Common Subscriber Registration Form (**CSRF**) has been notified. The new CSRF has been given access at '<u>https://npscra.nsdl.co.in/state-forms.php</u>'. However, <u>a copy of pre-</u><u>filled new Common Subscriber Registration Form</u> (CSRF) for AP State Government employees is annexed herewith for ready reference of the Treasury Officers / PAOs. Keeping in view of this, the following instructions are issued:-

*_*_*

- a.) All (*) marked fields are mandatory; and should be filled in English and **BLOCK** letters with **BLACK** ink;
- b.) Father's Name and Mother's name is mandatory. Father's name will be printed on PRAN Card by default. In case Mother's name is to be printed on PRAN Card, please ensure [√] mark.
- c.) If Father's name / Mother's name has more than 30 digits, the Subscriber has to fill Annexure.II (Additional Request details) for the same;
- d.) If married, Spouse name is mandatory;
- e.) Date of Birth of Subscriber is mandatory; and should be in the format of **dd/mm/yyyy**; DOB should be supported by relevant documentary proof;
- f.) Documentary evidence is required for Proof of Identity; and Proof of Address;
- g.) Mobile Number and e-Mail ID are required for communication and to receive SMS and mail alerts;
- h.) Bank account details are mandatory and should be supported by Cancelled Cheque;
- i.) Nomination details are mandatory. In case of more than One nominee, percentage share value for all the nominees must be specified in number; and the Subscriber should fill Annexure.III (Additional Nomination Form) for the same;
- j.) No need to opt the 'Investment Option' (Item.10), as it is decided by default;
- k.) No need to fill 'Declaration by Employer / Corporate' (Item.14), as this item is applicable to Corporate Subscribers only;
- I.) Item.15 is not applicable for State Government employees;

- n.) Date of Joining; and Date of Retirement of the Subscriber (60 Years from the Date of Birth) should be in the format of **dd/mm/yyyy**;
- 0.) Employee ID / PPAN should be in seven (07) digit; and should be verified by the Treasury Officer / PAO before attesting the CSRF;
- p.) Signature of Subscriber should only be within the box provided in the form; and should be in **BLACK** ink. Obtain LTI (**Left Thumb Impression**) in case of illiterate male Subscriber and RTI (**Right Thumb Impression**) in case of illiterate female Subscriber;
- q.) Affix recent colour photograph of the Subscriber in 3.5 cm x 2.5 cm size / Passport size;
- r.) Common Subscriber Registration Form (**CSRF**) and Annexure.III should be attested by Drawing and Disbursing Officer / Employer; and should be countersigned by Treasury Officer / PAO concerned.

All the Treasury Officers / PAOs are requested to disseminate this information to the Drawing and Disbursing Officers by prominently displaying the circular in their notice boards as well as by way of any other possible communication. They shall undertake scrutiny of the mandatory fields and PPAN (Employee ID) in CSRF Form, before attesting and forwarding it to CRA-FC / CRA, so as to minimize the scope for rejection of CSRF.

Encl:- As above (09 pages).

Sd/- N. Mohana Rao, Director of Treasuries and Accounts (FAC) / State Nodal Officer.

То

- 01). All the Deputy Directors of District Treasuries in the State (**through FTP**), with a request to communicate these instructions to all the Assistant Directors / Assistant Treasury Officers / Sub Treasury Officers / Accountants, who are charged with the responsibility of NPS activity under their jurisdiction.
- 02). The Pay and Accounts Officer, Amaravati @ Ibrahimpatnam for taking necessary action at your end.
- 03). The Director of Works Accounts, Amaravati @ Ibrahimpatnam for taking necessary action at your end.
- 04). The Assistant Treasury Officer, Capital Region Treasury, Amaravati @ Ibrahimpatnam (through FTP), with a request to communicate these instructions to the concerned.
- 05). All registered State Autonomous Bodies (through mail).

Copy to

- 01). the Assistant Treasury Officer / Drawing and Disbursing Officer of DTAs office (**through FTP**).
- 02). the Junior Accounts Officer, B Section of this office (through FTP).
- 03). all the Resource Persons of NPS at District Treasuries in the State (**through FTP**) for their personal attention.

// FORWARDED :: BY ORDER //

:: 02 ::

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Please select your category	Central Govt. State Gov	t Auto
Please tick	All Citizen Model Corporate	
tional Pension System Trust. ear Sir/Madam,		3.5 cm × 2.5 cm size / Possport size
	e opened in my name as per the particulars given b	
	the form in English and BLOCK letters with black ink de and Spouse Name fields are not applicable for	
(YC Number (if applicable)		Generated from Central KYC Registry
Retirement Adviser Code (If applicable		
Name of Applicant in full	se refer to Sr. No.1 of the instructions) Shri Smt. Kumar	á 🗔
First Name*		NAN
Middle Name	ODATA ARIZA	
Last Name		
Subscriber's Maiden Name (if an		KRISHNAN Last
Father's Name* (Refer Sr. No. 1 of instructions)	SURYA	
Mother's Name* (Refer Sr. No. 1 of instructions)	LAKSHMI	KRISHNAN Last
	AN card. In case, mother's name to be printed instead of	of father's name [Please tick ()
Date of Birth*	0210211990	(Date of Birth should be supported by relevant documentary proof)
City of Birth*	HYDERABAD	
Country of Birth*	INDIA	
Gender* [Please tick (Male Female Others	Nationality* In-Indian
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Spouse Name*	KAVYA	RANE Ie Last
(Refer Sr. No. 1 of instructions) Residential Status*	Indian	
PROOF OF IDENTITY (Pol)	* (Any one of the documents need to be provided ald	ong with the identification number)
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Voter ID Card		PAN Card BENKP 3050 P
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
UID (Aadhaar) 71	7870001534	
hereby authorize CRA regi		ent Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS)
and authenticate my identity (Targeted Delivery of Finan Aadhaar details (physical a	/ through the Aadhaar Authentication system (Aadha cial and other Subsidies, Benefits and Services) Act. nd / or digital, as the case maybe) submitted for av.	Iar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar , 2016 and the allied rules and regulations notified thereunder. I understand that the ailing services under NPS will be maintained in NPS till the time the account is not
provided, for the purpose of	Aadhaar based authentication is ensured by CRA re	chever is later. I understand that Security and confidentiality of personal identity data egistered with PFRDA till such time it is acting as CRA for my NPS account.
		of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory und tails are provided within six months of submission of this Subscriber Registration Form
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#Not more than 3 months old. Please refer Sr. No. 2 of the instruction	Card/Ration Card/Others	f residence Registered Lease/Sale agreement of residence
	#Latest Gas/Electricity/Telephone[La	
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1.1 CORRESPONDENCE ADD Address Type*	RESS DETAILS* Residential/Business Residential	Business Registered Office Unspecified
	Residential/Business Residential	
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Address Type*	Residential/Business Residential	Landmark LANCO
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			A CONTRACTOR OF	CSR
11. DECLARATION BY SUBSCRIBER* (PI	ease refer to Sr no. 7 of t	ne instructions)		
Declaration & Authorization by all subscrib	pers			
I have read and understood the terms and con and declare that the information and documer Record Keeping Agency/National Pension Sy understand that I shall be fully liable for subm I further agree to be bound by the terms and complete or partial without any new declaration details 2 T PIN	nts furnished by me are tru ystem Trust, of any chang ission of any false or inco conditions of provision o	ue and correct, to the best of my k ge in the above information furni- rrect information or documents. f services by CRA, from time to ti	mowledge and belief. I undertake to shed by me. I do not hold any pre me and any amendment thereof a	 inform immediately the Central existing account under NPS. I s approved by PFRDA, whether
details) & T-PIN.		the second second		
Declaration under the Prevention of Money I hereby declare that the contribution paid by the right to peruse my anancial proale or share found violating the provisions of any law related	me/on my behalf has been the information, with oth	er government authorities. I furthe	nd assessed sources of income. I r agree that NPS Trust has the righ	understand that NPS Trust has t to close my PRAN in case I am
Date 🛛 🖇 / 🕤 🛃 / 📿 🛇	18	,).Krist	nav
Place: HYDERABAD			J. V 3. 5) /
		Sig	nature/Thumb Impression* o (* LTI in case of male and RT	
12. DECLARATION ON FATCA* (Foreign	Account Tax Complia	Ince Act) COMPLIANCE (Ple	ase refer to Sr no. 8 of the instruction	ons):
Section I*				1
Section II*				
For the purposes of taxation, I am a resider	t in the following coun	tries and my Tax Identi scation	Number (TIN)/functional equiv	valent in each country is set
out below or I have indicated that a TIN/fun				
Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency		INDIA		
	Address Line 1			
	City/Town/Village			
Address in the jurisdiction for Tax Residence		AND A DOMOSCIL		
	State	ANDHRA PRADESH		
	ZIP/Post Code			
Tax Identi¿cation Number (TIN)/Functiona	Il equivalent Number	BEWKP3050P		
TIN/ Functional equivalent Number Issuin	g Country	INDIA		
Validity of documentary evidence provided (Wherever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy
 "I certify that: a) It shall be my responsibility to educate n with the Rules 114F to 114H of the Incorrules, b) the information provided by me in the F belief, true, correct and complete and th a Reportable account or otherwise. 	ome tax Rules, 1962 th orm, its supporting An	ereunder and the information nexures as well as in the doc	provided in the Form is in accumentary evidence are, to the	best of my knowledge and
c) I permit/authorise the NPS Trust to colle				
Trust and any of NPS intermediaries wh India of any con¿dential information for	compliance with any la		estic or foreign.	
 Trust and any of NPS intermediaries wh India of any con¿dential information for d) I undertake the responsibility to declare provided in the Form, its supporting Ann provide fresh self-certi¿cation along with 	e and disclose within 3 exures as well as in th n documentary evidence	w or regulation whether dome 30 days from the date of cha e documentary evidence prov 2e,	nge, any changes that may ta ided by me or if any certi¿catio	ke place in the information n becomes incorrect and to
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DECLARATION BY EMPLOYER			
	Applicable to Govern	nment Subscribers only	
(Subscribers Em	ployment Details to be filled an	d attested by the Deptt. (All Details a	are Mandatory)
Date of Joining d d /	mm/yyyy	Date of Retirement d	d / m m / y y y y
Employee Code/ID (If applicable)			de/ID and PPAN are optional. If you intend
PPAN (If applicable)			ention any one.
Group of Employee (Tick as applicat	ole) Group A G	roup B Group C (Group D
Ofice			
Department			
Ministry			
DDO Registration Number			
DTO/PAO/CDDO/DTA/PrAO Registra	tion Number		
Basic Pay			
Pay Scale			
It is certified that the details provided the address and employment details he/she has read entries/entries have	provided above are as per the ser	vice record of the employee maintained	employed with us, including d by us. Also, it is further certified that
Signature of the Authorised person	Rubber Stamp of the DDO	Signature of the Authorised person	Rubber Stamp of the DTO/PAO/CDDC
(In the box above)	(In the box above)	(In the box above)	DTA/PrAO (In the box above)
Designation of the Authorised Person		Designation of the Authorised Pers	son
Name of the DDO Deptt/Ministry		Name of DTO/PAO/CDDO/DTA/PrAO	
Deputiminatiy		Date d d / m m / y	y y y
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(Subscribers E e of Joining d d / m ployee Code/ID porate Regd. Number (CHO No.) Allott O No. allotted by CRA tized that the details provided in this s ployment details provided above are as rises / entries have been read over to hir	Applicable to Corpore Employment Details to be ¿lled and m / y y y y ed by CRA subscriber registration form by s per the service record of the emp m / her by us and got con ¿rmed by	d attested by Corporate (All Details are Date of Retirement d d	1 m m / y y y employed with us including the
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1.1						CSR
16. TO BE FILLED BY POP-SP						
Receipt No. (17 digits)		POP-SP Regi	stration Nu	umber	/	
Document accepted for date of Birth Proof:					1	2
Copy of PAN card submitted YES NO	KYC Complia	ince YES			1eg	>
Documents Received: (Originals \	Verized) Self Certized (Attested	d) True Copies	/	a mole	sy '	
Identity Veri¿cation : Done	*		14	Some		
Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/Kum Saving Bank account no	account have been fully complie Bank Deposit Account' of Sh/Smt/Kum card are matching with that mentione	d on NPS applica	er confirm	that the S. B.	a/c of Sh acked and	h/Smt/Kum
			_			
([T	o be filled by CRA - Facilitation Ce	ntre (CRA-FC)]				
Received by	CRA-FC Registration	on Number				1
Received at			Date	dd/m	m / y	у у у
· · · · ·						
Acknowledgement Number (by CRA-FC) PRAN Alloted						
	ACKNOWLEDGEMEN	Т				ŝ
Name of the Subscriber:						
Contribution Amount Remitted:						
Date of Passint of Application and Contribution A	mount: d d / m m / y					

Stamp and Signature of the Employer/PoP:

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			INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM	
			General Guidelines	
	and such c		vriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writir untersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving the second s	
			aber submission of proof for the same is necessary.	
		r the application form	pect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory ¿elds are printed back to back	e
			oss the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinde subscriber, the application shall not be accepted.	rs
(e)	Copies of a	all the documents subr	tted by the applicant should be self-attested and accompanied by originals for veri¿cation by the nodal of¿ce.	
			t mentioned on the form, should match with the documentary proof submitted. on should be veri¿ed by the designated of¿cer of POP-SP / Nodal Of¿ce.	
S.	ltem	Item Details	Instructions	
No	No.	item Details	. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians.	
		Personal Details Spouse Name	i. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. ii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card. f married, spouse name is mandatory.	
1	1	Father's Name	. Father's name is mandatory.	
		Fauler S Name	i. If father's name has more than 30 digits, you may الخ Annexure II for the same. . Mother's name is mandatory	
		Mother's Name	i. If Mother's name has more than 30 digits, you may ال Annexure II for the same.	
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support,	
			S.No Proof of Identity (Copy of any one) S.No Proof of Address (Copy of any one)	
			1 Passport issued by Government of India. 1 Passport issued by Government of India 2 Ration card with photograph. 2 Ration card with photograph and residential address	
			3 Bank Pass book or certizcate with Photograph. 3 Bank Pass book or certizcate with photograph and residentia	al
			address	
			 4 Certi¿cate of the POP bank for an existing Bank customer. 5 Voters Identity card with photograph and residential address. 5 Voters Identity card with photograph and residential address. 	
			 6 Valid Driving license with photograph 6 Valid Driving license with photograph 6 Valid Driving license with photograph 	
			7 Certizcate of identity with photograph signed by a Member of 7 Letter from any recognized public authority at the level of	of
			Parliament or Member of Legislative Assembly Gazetted of ¿cer like District Magistrate, Divisional commissione BDO, Tehsildar, Mandal Revenue Of ¿cer, Judicial Magistrate etc	
			8 PAN Card issued by Income tax department 8 Certizcate of address with photograph signed by a Member of	
		Identity,	Parliament or Member of Legislative Assembly	
		Correspondence & Permanent address	9 Aadhar Card / letter issued by Unique Identization Authority 9 Aadhar Card / letter issued by Unique Identization Authority 9 India India clearly showing the address	of
		details	10 Job cards issued by NREGA duly signed by an of cer of the 10 Job cards issued by NREGA duly signed by an of cer of the	е
2	2,3&4		State Government State Government 11 Identity card issued by Central/State government and its 11 The identity card/document with address, issued by any of	of
			Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges af Jiated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	s, s,
			12 Photo. Identity Card issued by Defence, Paramilitary and 12 Latest Electricity/water bill in the name of the Subscriber	/
			Police department's Claimant and showing the address (less than 3 months old) 13 Ex-Service Man Card issued by Ministry of Defence to their 13 Latest Telephone bill in the name of the Subscriber / Claimant	. +
			employees. and showing the address (less than 3 months old)	n
			14 Photo Credit card. 14 Latest Property/house Tax receipt (not more than one year old)	
			15 Existing valid registered lease agreement of the house on stam paper (in case of rented/leased accommodation)	p
1			(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 accour opening form, the document may be accepted as a valid proof of both identity and address.	π
			(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account openin 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.	Ç
			(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers) Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for the second s Second second seco	or of
3	6	Politically Exposed Person	example heads of state or of the government, senior politicians, senior government, judicial or military of cials, senior executives of state	
		, croon	owned corporations, important political party of cials. For Tier I, bank details are optional. In case, subscriber provides bank details, it should be supported by cancelled cheque.	
		Subscriber's Bank	For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Numbe	
4	7	Details	and IFS Code) or Bank Certi¿cate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if th cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certi¿cate containing Name, Bank Account Numbe	
			and IFS code should be submitted.	
5	8	Subscriber's	n case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not b 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 t	
		Nomination Details	100, entire nomination will be rejected.	Ĭ
6	10	Pension Fund (PF) Selection and	For more details on 'Investment Option', you may visit CRA website. Subscribers from Government sector are currently not allowed to exercise the investment option. As mentioned, your contribution will b	e
		Investment Option	nvested by default PFs as per the guidelines issued by the Government.	
7	11	Declaration by	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by th designated of¿cer of POP/POP-SP/Nodal of¿ce with the of¿cial seal and stamp. Left Thumb Impression in case of males and Right Thum	e b
		Subscriber	mpression in case of females.	~
			Clari¿cation / Guidelines on ¿lling details if applicant residence for tax purposes in jurisdiction(s) outside India Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resider	nt
1.1			for tax purpose in USA. Tax identizcation Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction ha	c
		Declaration by	issued a high integrity number with an equivalent level of identizcation (a "Functional equivalent"), the same may be reported. Example	s
8	12	subscriber on FATCA Compliance	of that type of number for individual include, a social security/insurance number, citizen/personal identi¿cation/services code/number an resident registration number)	d
			If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identi¿catio Number (TIN)	n
			In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of	of
			Citizenship should be provided or reasons for not having relinquishment certizcate is to be provided	
2) TI	ne Subsori	her can obtain the stat	General Information for Subscribers	
b) Si	ubscribers	are advised to retain t	s of his/her application from CRA and their designated nodal of;cer. a acknowledgement slip signed/ stamped by the designated nodal of;cer where they submit the application.	
Y	and the second sec	ormation / clari¿cation		
	Vebsite: <u>ht</u> Call: 022-40	tps://www.npscra.nsdl 090 4242	o.in	
<u> </u>	Address: C	entral Recordkeeping vernance Infrastructur		
	st Floor, Ti		Is Compound, Senapati Bapat Marg,	

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ADDITIONAL REQUEST DETAILS

First Name	1	a lia	duq	non lor-					1			E.				1	j.								
Middle Name	l_	-						P							1			The second se							
Last Name	l.		1		ł							t	1	-	1	1									
Name of Mother (require	ed if nam	e ex	ceed	ls 30	char	racte	rs ar	nd no	t able	to b	e cove	red o	n paç	je 1 d	of the	арр	licat	ion f	orm)						
Name of Mother (require First Name	ed if nam	e ex	ceed	is 30	char	acter	rs ar	nd no	t able	to b	e cove	red o	n paç	je 1 d	of the	арр	licat	ion f	orm)		-	3			i
Name of Mother (require First Name Middle Name	ed if nam	e ex	ceed	is 30	char	racter	rs ar	nd no	t able	to b		red o	n paç	je 1 d	of the	арр	licat	ion f	orm)				 		į

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		
Middle Name	•	
Last Name		

	Name:
	Place:
Signature/Thumb Impression* of Subscriber In black ink	Date: d d / m m / y y y y

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

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ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to 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.

Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
Present Communication address of the	nominees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
Date of Birth* (Only in case of a minor):		
st Nominee d d / m m / y y	y y 2nd Nominee d d / m m / y y y	y 3rd Nominee d d / m m / y y y y
Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
Percentage Share:		
rereentage ondre.		
	% 2nd Nominee	% 3rd Nominee %
Ist Nominee		% 3rd Nominee 9
Nominee's Guardian Details (Only in case 1st Nominee's Guardian Details		% 3rd Nominee % Guardian Details
Ist Nominee Nominee's Guardian Details (Only in case	e of a minor):	
st Nominee Nominee's Guardian Details (Only in case 1st Nominee's Guardian Details First Name	e of a minor): 2nd Nominee's Guardian Details First Name	3rd Nominee's Guardian Details

*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

1 of 2

ned / thumb impressed before me by Sh/Smt/Ms.
entries have been read over to him / her by me and got confirmed by him / her.
Signature of the Authorised Person
Designation of the Authorised Person :
POP-SP/DDO Office Name :
and the second
POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number
(Allotted by CRA):