NATIONAL PEN	SIC	אכ	5 Y	511	⊏IVI	(IV	P5)- 5	UB	350	JΚ	IB	EK	K	EC	3اد) I F	KAI	Ю	IV I	-0	KI	/ -	PF	≺।\	/AI	E	SE	:C1	U	R	
How did you hear about NPS	Frie	end/	Fam	ily	s	ocial	Med	lia	N	lews	spap	oer/l	Mag	azir	ies		TV	// Rad	oilo		Fir	nanc	ial A	dvis	sor/	Арря	3	E	mpl	oye	r	
PRAN Card & Kit* (refer sl no.1 of instructions) ePRAN Kit Physical PRAN Kit												Pa	aste			ass	port															
Print my PRAN in Hindi							YES					No	lf Y	es, p	oleas	se s	ubn	nit de	tails	as p	oer.	Anne	exur	e I			p		ize ogra	ph		
Please select your category*							Corp	orate)	_		All	Citiz	zen												(3.	.5 cr				ize)	
Dear Sir/ Madam, I hereby request that an NPS	Do not sign across Dear Sir/ Madam, hereby request that an NPS account be opened in my name as per the particulars given below: Do not sign across Do not stapple / clip																															
* indicates mandatory fields. Plea	ease fill the form in English and BLOCK letters (Refer general guidelines at instructions page).												_																			
CKYC Identifier																																
1. PERSONAL DETAILS: (Refer Sr no 1 of instructions) Use Annexure II if name exceeds the space provided below														W																		
Salutation*		Sh	ri			Sm	nt.	_		Κι	ıma	ri																				
Applicant Name*	F	Î	r	s t							M	į	d	d	1	е							L	a	S	t						
Father's Name	F	Ì	r	s t							M	Ĭ	d	d	1	е							L	а	S	t						
Mother's Name	F	ì	r	s t							M	i	d	d	1	е							L	а	S	ŧ						
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 r	n y	У	У	У																									
Place of Birth*																																
Country of Birth*													-		20		g										-			56		
Gender*		Mal	le			Fer	nale			Tra	ansg	jend	der					N	ation	ality	*											
Marital Status*		Unr	narri	ied		Mar	ried			Wie	dow	/Wi	dow	er			Divo	rcee														=3
Spouse Name* (if married)	F	ī	r	s t							M	i	d	d	1	е							L	а	S	1						
PAN Card*			esi fi				Î	3 37			or	Fo	rm	60 f	urnis	shed	J [Sul	bmis	sior	of	PAN	or	Forr	n 60	is r	nan	dato	ry
Income Range (per annum)		Belo	ow 1	lac to	5 la	ac		5 lac	to 1	0 la	С		1	0 lad	to :	25 la	ac		25	lac	to 1	Cr			Ab	ove	1 C	r				
Occupation Details*		Pub	olic S	Secto	-	Pri	vate	Secto	or		Prof	fess	sion	al		Self	Em	ploye	ed		Hor	nem	ake	r		Othe	ers					
Please Tick If Applicable		Pol	litica	lly ex	oose	d pe	son		Ī		Rela	ated	d to	Poli	tical	ly e	xpos	sed p	ersc	n			(Ple	ase	refe	er in:	struc	ction	no.	1)		
2. PROOF OF IDENTIT	TYA	ND) AE	DDR	ESS	3 * (l	Refe	er Sr	no	2 (of ir	nsti	ruc	tion	s)																	
Passport			T								Pas	spo	rt E	xpiry	/ Da	te				Ī	Γ											
Driving License			Ť				Ť			1	Driv	ing	Lice	ense	Exp	oiry	Date	е	d	d	m	m	у	у	у	у						
Voter ID Card		T	Ť	i	İ	Ħ	Ť	Ì			Prod	of of	f po:	sses	sior	n of	Aad	haar	T	Ì	T	Ť	Pro	ovid	e la	st fo	ur d	ligits				
NREGA Job Card	25	Ŧ	Ť				Ť								T	T	T	T	F	Ť	T	Ť	ÌГ	_			rtifica	_				
National Population Register		\pm	Ť		H		+				Ħ			一	Ť	1	_	+	H	Ť	H	Ť	i									
3. ADDRESS DETAILS	1	sp	er t	he p	root	fsul	omit	ted)		1		1		il;					1	E		1	J.									
Line 1		Ĩ	Ŧ	T	Î		Î								T	Ī		T	Τ	1	Τ	T							T	T	T	ī
Line 2		10		Ť			Ť								I				/ i	1	a	g	e	1	С		t	V		1	T	=
District			Ť	_ds			Ī	Ħ	<u>. </u>					Sta	te/U.	—, I .Т. [Ť		13						4	_	1		=
Country		Ì	Ì				Î	Ĺ									Í	İ		ì	Ī	PIN	Coc	le						Ī	ij	Ŧ
4. CONTACT DETAILS	S*																			1												
Mobile*	9	1	T				T						Tele	pho	ne w	vith	STF) cod	e										T			Ī
Email ID*																				Ī									T			
5. BANK DETAILS* (Pr	roof	to k	oe s	subn	nitte	d- R	efe	r Sr	no.	3 0	of th	ne i	inst	ruc	tion	ns))															
Account Type		Sav	ings	s A/c		Cui	rent	A/c																								
Bank A/c Number																				Ī									T			
Bank Name		İ					j					j		j	İ	İ.		IFS C	ode								Í	j	j			

6. NOMINATION DETAILS	* (Refer Sr no. 4 of the instru	uctions)									
	or of one or more persons belonging de by the subscriber on his/her mai	•	ninating more than o	one person, sub	mit Annexure III						
Nominee Name	1 1 5 1	M i d d l		La	s t						
Relationship		age Date of Bir	th (In case of Minor))	D D M M Y Y Y						
Name of Guardian (if nominee is a minor)	i r s t .	M r d d 1 e		La	s t .						
7. SELECTION OF PENSI	ON FUND (PF) AND INVEST	TMENT CHOICE* (R	efer Sr no. 5 of t	the instructio	ons)						
2. All Citizen: Selection of one PF	ler active choice is restricted after 5 is mandatory else form will be reje estment Choice may be exercised in	cted. If no investment cho	ice is sejected, fund								
Pension	Fund* (Please Tick (✓) one)		Inve	estment Choice	(Please Tick (✓) one)						
Aditya Birla Sunlife Pension HDFC Pension Mgmt Co Ltd Kotak Mahindra Pension Fu	d ICICI Prude Mgmt.Co. I		Active Choice mention the % share in each asset class below E (Upto75%) C (Upto 100%) G (Upto 100%) A (Upto 5%) Total SEQUITY % Corp 5 and % Gove 5 and % All Assets 100% OR								
MAX Life Pension Fund Mar	ngement Ltd SBI Pension	on Funds Private Ltd	Auto Choice s	select one life cycl	e fund below						
Tata Pension Management		TIETI SOIGIOTIS EIG	Conservative(LC25)	Moderate (LC	Aggressive(LC75)						
8. Activate my Tier- II accor	unt (Please tick (✓) to activa	te) (Refer Sr no	7 of instructions)) Providing	PAN is mandatory						
With the same bank, nomine	ee & investment details	With dif	ferent bank/nomine	e/investment de	tails as per Annexure IV						
9. FATCA* (Foreign Account	nt Tax Compliance Act) & CF	RS DECLARATION (F	Refer Sr no.6 of the inst	tructions)							
	and not resident of other country	I am a t	ax resident of the co	ountry/ies menti	oned below						
US Person Yes		Ti .									
Particula		Country (1)	Countr	y (2)	Country (3)						
Country/countries of	Address Line 1										
Address in the jurisdiction for Tax	City/Town/Village										
Residence	State										
	Zip/Post Code		i i								
Tax Identification Number (TIN)/Pa	AN/Functional equivalent Number										
TIN/PAN/Functional equivalent Nu											
Validity of documentary evidence	provided (Wherever applicable)	ddimmyyyy	ddmr	myyyy	ddmmyyyy						
	requirements of this Form (read all eby confirm that the information pro- accept the same.		rm is true		nb Impression* of Applicant er instructions)						
10. DECLARATION BY AP	PLICANT* (Refer Sr no 7 o	f instructions)									
10. DECLARATION BY APPLICANT* (Refer Sr no 7 of 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 prvention of money laundering. Signature/Tumb Impression* of Applicant (*LTI In case of males and RTI in case of females to be											
Date: d d m m y y	y y Place			provided. Toe im	pression in case no hands)						
11. DECLARATION BY EM	PLOYER* (All Details are I	Mandatory)	, š								
Date of Joining	d m m y y y y	Date of Retir	ement d d	m m y y	уу						
Employee Code/ID		No	n-mandatory if not a	vailable	==						
	is employe above are as per the service record y us and got confirmed by him/her.		rovided in this subcr		n from including the address e/she has read entry/entries						
Designation of the Authorised Per	son										
Date	ddmmyyyy										
Place		Signature of Au	thorised person	Rubber	Stamp of the Employer						

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12. TO BE FILLED BY POP *									
Receipt No. (17 digits)									
POP Registration Number POP-SP Registration Number									
Documents Received									
Existing Customer: I/we hereby certify/confirm that Shri/Smt/Kum is an exiting KYC verified customer. The above applicant is having an operative Bank/ Demat/ Folio/									
Name of the Authorised Person									
Designation of the Authorised Person									
Date ddmmyyyy Place Signature of Authorised person Rubber Stamp of the Employer									
ACKNOWLEDGEMENT									
Name of the Subscriber:									
Application Receipt Date d d m m y y y y y Stamp and Signature of PoP									
Initial Contribution Amount:									
Mode of Payment									
Cheque/DD Debit Instruction Cash									

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected.
- (b) Copies of documents submitted by the applicant should be self-attested.
- (c) Applicant is advised to retain the acknowledgment slip signed/stamped by the PoP/PoP-SP office.

Sr. No	Item No	Item Details			Instructions										
		Option for PRAN	In case a subscriber opts not to have	e a physical PRAN	N Card or Welcome Kit, reduced account opening	ng charges of CRA are a	ipplicable as under:								
		Card and Kit	Account opening with Physic	ount opening with ePRA	AN Kit (in ₹)										
			₹39.36 (Excludes applicat	₹39.36 (Excludes applicable Charges) ₹4.00 * (Excludes application of the control of the contro											
1	1	Father's Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.												
		Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions such as 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.												
2	4	Proof of Identity and Address	If the applicant is submitting Aadhaar as proof of Identity and Address, the first 8 digits of the Aadhaar number should be redacted / masked and Address submitted copy												
3	5	Bank Details	For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing Applicant's Name, Bank Name, Bank Account Number and IFS Code.												
4	6	Nomination Details	Any nomination made in favour of a pers and any nomination made before such n nomination may be in favor of any perso to be invalid and the subscriber shall ma	son not belongir marriage shall de on or persons bu ake a fresh nome	mination, the nomination shall be in favoring to family shall be invalid; A fresh nomine eemed to be invalid; If at the time of makut if the subscriber subsequently acquires ination in favour of one or more persons share for each nominee should be in who	nation shall be made ing a nomination the s a family, such nomin belonging to his fami	by the subscriber upon marriag subscriber has no family, the nation shall forthwith be deemed ily.								
	Selection of Pension		The Asset class wise exposure limits that will	The section from the											
	,	Fund (PF) & Investment	ASSET CLASS	MAX. LIMIT	TIER - II ASSET CLASS	MAX. LIMIT									
5	7	Choice	ASSET CLASS G (GOVERNMENT SECURITIES)		ASSET CLASS G (GOVERNMENT SECURITIES										
			ASSET CLASS C(CORPORATE BONDS)	100%	ASSET CLASS C(CORPORATE BONDS)	100%									
				ASSET CLASS E(EQUITY)	100%										
			ASSET CLASS A(ALTERNATE ASSETS)	5%											
6	8	FATCA & CRS Declaration	Clarification / Guidelines on filling detail Jurisdiction(s) of Tax Residence: Since to purpose in USA. Tax identification Number(TIN): TIN nee high integrity number with an equivalent	Is if applicant results taxes the global distribution of the reported to level of identification of the status as 'No' elinquishment ce	ed if it has not been issued by the jurisdic cation (a "Functional equivalent"), the sa er, citizen/personal identification/services but his/her Country of Birth is US, docur ertificate is to be provided.	n of what ever nation tion. However, if the me may be reported code/number and re nent evidencing Relir	said jurisdiction has issued a . Examples of that type of numb- esident registration number) nquishment of Citizenship should								
6	8		Clarification / Guidelines on filling detail • Jurisdiction(s) of Tax Residence: Since I purpose in USA. • Tax identification Number(TIN): TIN nee- high integrity number with an equivalen- for individual include, a social security/in. • In case applicant is declaring US perso- be provided or reasons for not having re • In case applicant is declaring US perso- Asset Class A is not available under Tie.	Is if applicant results taxes the global distribution of the reported to the state of the state	obal income of its citizen, every US citized if it has not been issued by the jurisdic cation (a "Functional equivalent"), the said, and it is the said of the sai	n of what ever nation tion. However, if the me may be reported. code/number and renent evidencing Reliron to details required tools with Same Barton and with Same Barton.	said jurisdiction has issued a . Examples of that type of numb esident registration number) nquishment of Citizenship shoul d under section 9 of form ink, Nominee and Investment								

Applicable CRA charges:	KFintech (Rs.)
Account Opening charges	₹ 39.36
Account Maintenance Charges (p.a.)	₹ 57.63
Charge per transaction	₹3.36

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	Annexures-Subscriber Registration Form for Private Sector applicants (Tick and fill applicable annexures below)																														
A	Annexure I - Print PRAN Card in Hindi (Fill the details in Devnagri script)																														
Applic	ant's First Name																														
Middle	Name							1										L												1	
Last N	ame			1			_	1			1									1									_		
Father	/Mother's First Name		4				1	1			1	1	-			1	_	1	1	_								4	1	1	
	Name						1	1			1						1			1	1								1	4	
Last Name							Į,						1																		
	nnexure II - If charact	ers of	name	e exc	ceed	ed the	e sp	ace p	orovi	ded o	n pa	ge '	1 of 1	the a	appli	catio	n for	m													
Appli	ant's First Name		1	1			+	1			1		-				_	1	-	1	L								4		1
Middle Name		1	1			1	_	1			_	_	1	-	_						_	Щ	ᆜ	4	4	_					
Last N	ame		+	4	ļ.,		+	+		_	_	1	-	-		4	_	+	1	+	<u> </u>			_	_		Щ	\dashv	4	4	\perp
	r's First Name		4				+	+		_	+	Ł	-	-		4	-	+	-	-	Ļ			4	_		\vdash	4	4	-	
Middle	Name		+	-	-		+			-	+	L	-	-		4	-	-	+	1	-				-		4	\dashv	_	+	+
Last N	ame		_		-		1			4	+	_	<u>_</u>	-		_	_	1	1	1	ļ_							4	_	4	
Mothe	r's First Name		_		ļ		-						<u> </u>	_					1								Щ	\perp	4	1	
Middle	Name		4	4	1		+	1			+	1		<u> </u>		4	+	+	+	+	_						Щ	4	4	_	_
Last N	ame			1			_					1_	_				_		1	1								Ш			
Annexure III - Additional Nomination For Tier-I For Tier-II For both Tier-I & Tier-II																															
Perd	entage Share		Nom	ninee	e I			N	omin	nee II				N	omin	iee II	II	I		٦	otal	sho	uld l	be e	equa	al to	100)%			
<u></u>	Nominee I - Name	F	i r	5	I						1/1	1	d	d	Ţ	е							L,	a:	5	t					
Nominee I	Relationship									Age						Da	te of	Birth	n (Ir	cas	e of	Min	or)	1	2	D	M	M.	Y. Y		(Y
Non	Name of Guardian (nominee is a minor)	F	ī Ē	9	Ţ						W	7	d	d	1	8							L.	а	5	ţ					
	Nominee II - Name	FI	l I r	3	t		T		П		IVI	10	d	d	ţ	8	T		T	T		T	L.	a	S	¥Τ	ī	T	7	1	
nee	Relationship									Age							te of	Birth	ı n (İr	cas	e of				_	D	M. I	M 1	y. y	9	/ Y
Nominee II	Name of Guardian	FI	1 1	5.	T		T			rige	IVI.	Th	ď	d	7	a			· (a	5	r I				Ī	
Z	(nominee is a minor)	41 2	31	9.							187	1.40	G.	54	31								-	10	3	À.	_			_	
=	Nominee III - Name	Nominee III - Name F I r s t MI I d d I e L a s t																													
Nominee III	Relationship							Age Date of Birth (In c										cas	ase of Minor)										(Y		
Non	Name of Guardian (nominee is a minor)	F	ir	S	t						.IVI	-1	d	d	1	e		L					L	a	S	t					
	nnexure IV - Activate	Tier-II	(with	Diffe	eren	t Banl	k/No	mina	ation	/Inves	stmei	nt D	etail	s - ti	ick a	nd fi	ll as a	appl	icab	ole)											
PAN	*					Copy	of of	PAN	to be	e atta	ched																				
	lo change in Bank det	ails			Ва	nk de	tails	for 7	ier-l	lare	as ur	nder	r:																		
Acco	unt Type		Savin	ig A/e	С		Cu	rrent	A/c																						
	A/c Number				T		Т				T											T	T	T	T	T		T			
 Bank	Name				Ť		T		_	Ť	+==	-	I		$\overline{}$		IFSC	. Co	ıde			L		+	Ť	L	Ħ	Ŧ	<u> </u>	7	
 	lo change in Nominee	detail	ls		No	minee	e de	tails	for T	ier-II	are a	s uı	nder	:			11 00	, 00	, a c												
Nomi	nee Name	F	i Tr	s	† T		T		T		M	31	d	d	1	В			<u> </u>					а	s	t				T	
	ionship									Age	1			-			te of	⊥ Birth	⊥ n (In	cas	e of	Min			_	_	M. J	M Y	Y Y	o n	/ Y
	e of Guardian	F	Ī	5	7g T		T			, .gc	M	71	d	d	4	e l	.5 51		. ("	. 546	- 01	.,,,,,,			s	t	1884	1		1	
(nomin	ee is a minor)			1							.499	240	148	J.	(1)	9		<u> </u>	1	1			Sec.	14	100	. 1	<u></u>			1	
	you desire to nominate more					xure III	abov	е																							
	nvestment details for T	lier-II a	are as	s und	der:																										
		nsion F		-		Tick	(/)												Inve	estm	ent (Choi	ce (I	Plea	ise '	Tick	(()) one	9)		
<u> </u>	Aditya Birla Sunlife Pe	nsion	Mgmt	t Ltd						sion		_				Active Choice mention the % share in each asset class below															
	HDFC Pension Mgmt	Co Ltc	t							ıdenti o. Ltd		ensi	on F	unds	3	Е	E (Upt		0%)				00%			<u> </u>		100%	_	Tota	
	Kotak Mahindra Pensi	on Fu	nd Ltc	d				_		sion		Ltd				% Equity % Corp Bands %Gavt Sec 100% OR															
	MAX Life Pension Fun	d Man	igeme	ent L	.td		SBI Pension Funds Private Ltd								d	Auto Choice select one life cycle fund below															
Tata Pension Management Itd							UTI Retirement Solutions Ltd								Conservative(LC25) Moderate (LC50) Aggressive(LC75)										5)						

Name of the Applicant									
Place									
Date		Signature / Thumb Impression* of Applicant (refer instructions)							
Date		(refer instructions)							