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	(Refer Sr. No. 1 of instructions)																														
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	As per the amendments made under NPS. If you do not have PAN at presen																								ndato	ry un	ıder				
3.	PROOF OF ADDRESS (PoA) ³ [Please tick (), as applicable] #Not more than 2 months old. Please refer Sr. No. 2 of the instructions	k				Pas Car Reg	sport d/Rat jistere	Drivir ion Ca	ng Lic ard/O ase/S	ense thers ale a	greem	Aadh	aar)/\ f resid	dence	ID card	cipal	Tax F	Receip	Pa Ca ot Re	asspo ard/Ra egiste	ation C red Le	ving L Card/0 ease/9	icens Other Sale a	se/UII s agree	O (Aad	of res	sidend		nicipa	al Tax	Rece
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6.	OTHER DETAILS (PI	lease re	fer Sr no	.3 of the Ins	tructions)																
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8.	SUBSCRIBERS NON	/INATI	ON DE	TAILS* (Ple	ase refer	Sr no.5	of th	e Instru	ictions)												
	ame of the Nominee (Ye			·						so ple	ase fill in	n Annex	ure III	(Addit	onal No	minatio	n For	m) p	rovide	d sep	arately)
	Fin	st Nam	е				N	1iddle	Name						Las	t Nam	е				
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9.	9. NPS OPTION DETAILS (Please tick () as applicable)																				
	I would like to subscribe or Tier II Account also YES NO If Yes, please submit details 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 Annexure II.																				
10	. PENSION FUND (PF) SELE	CTION	AND INVE	STMEN	т орт	ΓION	*(Plea	se refer	to Sr	no.6 of	the ins	tructi	ons)	as appl	icable)				
	 PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*(Please refer to Sr no.6 of the instructions) as applicable) (I) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds: 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 All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below. Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.																				
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(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
LC 75		Not available	LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50			 LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 25		Available	4. Gov. employed can exclude Auto choice of Asset Allocation for Ec 25 & Ec 30 offin

11	DECLARATION B	Y SUBSCRIBER*	(Please refer to Sr.no.	7 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 there under 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 Pr	revention of Money	Laundering Act, 2002
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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 that 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.

durid violating the providence of any law relating to provention of money laundening.	
Date ddlmmllyyyyy	
Place :	
	Signature/Thumb Impression* of Subscriber in black ink

(* LTI in case of male and RTI in case of females)

12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr.no. 8 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 Permanent Account Number (PAN) / Tax Identification Number (TIN) / Functional Equivalent Number in each country is set out below or I have indicated that a PAN/TIN/functional equivalent Number 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				
	Address Line 1			
Address in the jurisdiction for Tax	City/Town/Village			
Residence	State			
	ZIP/Post Code			
Permanent Account Number (PAN) / Tax In (TIN)/Functional Equivalent Number	dentification Number			
PAN/TIN/ Functional equivalent Number Is	ssuing Country			
Validity of documentary evidence provided (\	Wherever applicable)	dd / mm / yyyy	dd / mm / УУУУ	dd/mm/yyyy

"I certify that

- a) 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 there under and the information provided in the Form is in accordance with the aforesaid rules.
- b) 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.
- c) 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 or any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) 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,
- e) 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.
- f) 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
- g) 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.
- h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date d d / m m / y	уу	У																									
Place :												Sig											scrib				ink
Name of subscriber																											
13. DECLARATION BY EMPLOYE	R																										
			Арр	licak	ole to	o Go	verr	ımeı	nt S	Subs	scrib	oers	on	lly													
(Subscribe	rs Emplo	yment	Deta	ails t	o be	fille	d an	ıd at	ttes	ted	by t	he	Dep	tt. ((AII	Det	ails	are	Maı	nda	tory)					
Date of Joining	d / m	n m	/ у	У	У	У					Da	te o	f Re	etire	me	nt		d	1 /	/ n	n n	n	/	/)	/)	/	У
Employee Code/ID (If applicable)															Em	oloye	e Co	ode/I	D an	nd PF	RAN	are	optio	nal.	If yo	u int	end
PPAN (If applicable)															to p	rovid	e, m	entic	n ar	ny or	ıe.						
Group of Employee (Tick as ap	plicable)	Gro	oup A	4			G	Group	рΒ			(Grou	ıp C				Gro	up [) [
Office																							\perp				
Department																											
Ministry																											
DDO Registration Number																											
DTO/PAO/CDDO/DTA/PrAO Re	gistration	ı Numbe	er																								
Basic Pay																											
Pay Scale																											
Signature of the Authorised per (In the box above) Designation of the Authorised Per			ober S (In th	Stamp e box			0		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									DO/									
Name of the DDO									Nar	ne o	f DT	O/P/	AO/C	DD	O/D	TA/P	rAO		Ļ								
Deptt/Ministry									Dat	e	d	С	/	r	n	m	/	У	y :	У	У						
14. DECLARATION BY EMPLOYE	R/ CORP	ORATE	=																								
	bers Emp		Арр											e (A	II De	etails	s are	e Ma	nda	atorv	/))						
Date of Joining		, v	V	V	V						of F	•		`		d	d	,	m	m	<i></i>	\/	V	V	V		
Employee Code/ID															l							,		J	,		
Corporate Regd. Number (CHO No.)	Allotted	by CRA	A [
CBO No. allotted by CRA													Τ	Τ	Т	Т		Т									Т
certified that the details provided in temployment details provided above antries / entries have been read over	are as pe	r the se	ervice	reco	ord o	f the					taine	ed b	y u	s. A	lso,	it is	furt						incli s/she				
Date d d / m m / y y	уу								F	Place	е																
Signature of the Authoris	sed person	(In the i	box a	bove)																							
Designation of the Authorised Person												Rı	ubbe	er S	tam	p of	the	Cor	pora	ate ((In th	ne b	ox a	ıbov	e)		

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15. TO BE FILLED BY POP-SP													
Receipt No. (17 digits)	POP-SP Registration Number												
Document accepted for date of Birth F	roof:												
·													
Copy of PAN card submitted YES Document Received:	NO KYC Compliance YES NO												
	Originals Verified) Self Certified (Attested)True Copies												
Existing Customer:													
I/we hereby certify/confirm that Shri/Smt/Kum													
The above applicant is having an operative Bank/Demat/Folio/branch/office. The KYC documents available with us for this													
	number/client IDmaintained atbranch/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 :												
	Name:												
	Designation:												
POP-SP Seal	Signature of Authorized Signatory Date d d / m m / y y y y												
	To Be Filled by CRA Branch												
Received by	CRA-Branch												
Received at	Date d d I y y y y												
Acknowledgement Number (by CRA-Branch													
PRAN Allotted													
	ACKNOWLEDGEMENT												
Name of the Subscriber:													
Contribution Amount Remitted:													
Date of Receipt of Application and Con	ribution Amount ddd/mm/m//yyyyy												

Stamp and Signature of the Employee/PoP:

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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- a) 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 cancelling 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.
- b) In case, you mention the KYC number submission of proof for the same in necessary.
- c) 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.
- d) 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.
- e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- g) The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

No Item	Item Details		Instructions									
	Personal Details		This Form is only for Resident Indians and there is a separate Form for Currently, Foreign Nationals / Other Country Individuals (OCI) and Per The applicant shall mention father's name and mother's name and sha	sons o	f Indian Origin (PIO) are not allowed to open PRAN.							
	Spouse Name	_	narried, spouse name is mandatory.									
1 1	Father's Name		Father's name is mandatory. If father's name has more than 30 digits, you may fill Annexure II for	the se	ama							
	Mother's Name	i.	Mother's name is mandatory. If Mother's name has more than 30 digits, you may fill Annexure II for									
	Date of Birth		ease ensure that the date of birth matches as indicated in the docume									
		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 certificate with Photograph	3	Bank Pass book or certificate with photograph and residential addres							
		4	Certificate of the POP for an existing customer	4	Certificate of the POP for an existing customer							
		5	Voters Identity card with photograph	5	Voters Identity card with photograph and residential address							
		6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address							
		_										
		7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsidar, Mandal Revenue Officer, Judicial Magistrate etc.							
		8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly							
2 2, 3 & 4	Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address							
Σ, 3 α 4	Permanent address details	10	Job cards issued by NREGA duly signed by an officer of the state Government	10	Job cards issued by NREGA duly signed by an officer of the State Government							
		11	The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.		The identity card/document with address or letter of allotment of accommodation issued by any of the following: SSSCentral/State Govern and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Paymer Orders issued by Govt. Departments or PSU containing address.							
		12	Photo, Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber/ Claimant and showing the address (less than 2 months old)							
		13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid) in the name of the Subscriber/Claimant and showing the address (less than 2 months old							
		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 stamp paper (in case of rented/leased accommodation)							
		(II) f	If the address on the document submitted for identity proof by the prospopening form, the document may be accepted as a valid proof of both ic f the address indicated on the document submitted for identity proof difference, as separate proof of address should be obtained. All future commu f correspondence & Permanent address are different, then proof for both KYC documents may be submitted within a period of 30 days after cally Exposed Person's (PEPs) are individuals who are or have been en	dentity a ffers fro nication th have genera	and address. In the current address mentioned in the account opening form, a ns will be sent to correspondence address. To be submitted. Ition of PRAN. (Only for Government Subscribers)							
3 6	Politically Exposed Person	head	s of state or of the government, senior politicians, senior government, j tant political party officials.	judicial	or military officials, senior executives of state owned corporations,							
4 7	Subscriber's Bank Details	Name	ier I & Tier II account, bank details are mandatory and it should be supporte e, Bank Name, Bank Account Number, and IFS Code. If cheque is not availa statement or bank certificate or letter from Bank mentioning Subscriber Nar	able or o	cheque is not preprinted with Subscriber name, a copy of bank passbook o							
5 8	Subscriber's Nomination Details	the n	se of more than one nominee, percentage share value for all the nomin omination(s). Sum of percentage share across all the nominees must b nation(s). Sum of percentage share across all the nominees must be ed e rejected.	e equa	I to 100. If sum of percentage is not equal to accepted in the							
3 10	Pension Fun (PF) Selection and Investment Option	Funds	rnment employee/subscribers can exercise choice of Pension Funds and alloc s - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/sub ted among 03 Pension Funds namely(i) LIC Pension Fund Limited (ii) SBI P	oscriber	s does not exercises the choices of Pension Fund, their contributions will be							
11	Declaration by Subscriber		ature/Thumb impression should only be within the box provided in the for of POP/POP-SP/Nodal office with the official seal and stamp. Left Thes.									
3 12	Declaration by subscriber on FATCA Compliance	. Jui for . Tax iss tha req . If a	Clarification / Guidelines on filling details if applicant residence of 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 resident for tax purpose in USA. Tax Identification Number (TIN): Tin need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship									
			case applicant is declaring US person status as "No" but his/her Count ould be provided or reasons for not having relinquishment certificate is									

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgment slip signed/stamped by the designated nodal officer where they submit the application.

c) For more information/clarifications, contact CRA:
Website: https://nps.kfintech.com

Call: 1800 208 1516

Address: KFin Technologies Pvt. Ltd.

Tower- B, Plot No 31 & 32,

Selenuim Building, Financial district, Nanakramguda, Gachibowli,

Hyderabad - 500 032.

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Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

1.	Upto 50	years of age,	the maximum	permitted Equity	/ Investment is	375% of the	e total asset allocation.

2.	From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity
	allocation will be carried out as per the matrix on date of birth.