## Form N1 SG

## **National Pension System**

(To avoid r This form is to be used State Governments an	nistake for the	( <b>s), ple</b> a purpos	<b>ise rea</b> e of re		compa	anyin	g inst	tructi	ons c	arefu	ılly b	efore	fillin	g up		-	: entit	ies in
DTA Registration Number : (To be allotted by CRA)																		
We are pleased to info The details required fo										as de	cided	to jo	in th	e Na	tiona	l Pensi	on Sy	stem
1. DTAAIN(Optional):						(Refer to instruction No.6)												
2.Name of Office*:																		
3. Office Address : Flat/Unit No/Block n	0. *																	
Name of Premise/Bu	ilding/\	/illage																
Area/Locality/Taluka																		
District/Town/City *																		
State / Union Territo	ry *																	
Country *																		
Pin Code *			Pho	ne No. *														
Alternate Phone No:					(	STD	code	)			(Pho	ne N	lo.)					
Fax No :																		
4. Official Email ID* (R	efer to i	nstructi	ion no.	7)														
5. Authorised contact p	erson's	designa	ation *	:														
6. No. of DTOs attached	d*:																	
7. Name of the State G	ovt. / U	nion Te	rritory	*:														

## Form N1 SG

8. Bank Details*: [Designated	l Bank Account	for NF	S] [Ref	fer ins	truct	ion no.	. 4]										
Bank Account Type* Savings A/c		Current A/c															
Bank A/c Number *																	
Bank Name*														_			
Bank Branch*														7			
Bank Branch Address*																	
Dank Branen, kaaress														7			
														-			
Pin Code*																	
Bank Branch MICR Code *																	
Bank Branch IFS Code*						(India	an Fii	nanci	al Sy	stem	ns Co	de)					
I/We hereby agree and decla	ire that the info	rmati	on pro	vided	in the	e appli	catio	n, is c	comp	lete	and	true	•				
I/We understand that there was to be printed in the second of the second	line) to access (	<i>CRA</i> . I,	/We ag	ree to	be b	ound l	by th	e saic	d teri	ns a	nd co	ondi <sup>.</sup>	tions	s and ur	ndersta	nd tha	at CF
	Signature of Authorised Signatory																
	Nam	ne:						_ Pla	ce: _								
Directorate of Treasuries & A	Desi	Designation: Date:															
						Receiv	ved o	n									
		Name of the officer:															
(To be filled at CRA)				Signat	ure o	of the	offi	cer:									
	Stamp																
Instructions for filling the fo	m:																

- 1. The form is to be submitted to the address Central Recordkeeping Agency , Selenium Building, Tower-B, Plot No- 31 & 32, Financial District, Nanakramguda, Serilingampally, Hyderabad, Rangareddi, Telangana, India, 500032
- 2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- 3. The form should be filled up completely. Details marked with (\*) are mandatory fields.
- 4. Bank details are mandatory if the DTA will remit the NPS contributions to the Trustee Bank (Axis Bank) on behalf of District Treasury offices (DTOs)
- 5. Each box, wherever provided, should contain only one character (Alphabet/Number/Punctuation mark) leaving a blank box after each word.
- 6. AIN is Account Office Identification Number allotted by Income Tax Department.
- 7. Email ID should be official Email ID of the Directorate of Treasury and Accounts office & not of any individual person.
- 8. The application form in the prescribed format can be downloaded from the CRA website (http://www.nps.kfintech.com).
- 9. For more information contact CRA at Toll Free Number: 1800 208 1617 or write to Central Recordkeeping Agency, Selenium Building, Tower-B, Plot No- 31 & 32, Financial District, Nanakramguda, Serilingampally, Hyderabad, Rangareddi, Telangana, India, 500032