

**To**

Centralised ☐      Decentralised ☐

If proposed model of contribution is centralized, kindly provide the bank details (as given below) of the Principal Accounts Office and if decentralised, of all units/branches which will be remitting the pension contributions to Trustee Bank (Axis Bank)]

Bank A/c Number \*

Bank Name\*

[illegible][illegible]

Pin Code\*

Bank Branch MICR Code \*

Bank Branch IFS Code\* 

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 (Indian Financial Systems Code)

[illegible][illegible][illegible][illegible]

District/Town/City \*

State / Union Territory *	

Country \*

Pin Code \*

## Name\*:

Email ID \*:

**11. Name of the authorised signatories and their respective signatures:** (The resolution stating the same passed in the  
(Board/Governing body or any other relevant authority as the case maybe is enclosed)

Sr. No.	Name of the authorised signatories	Signature

I/We hereby agree and declare that the information provided in the application, is complete and true to the best of our knowledge.

	Signature of Authorised Signatory
	Name: _____ Place: _____ Designation: _____ Date: _____
Stamp of CAB/SAB	

1. Please forward this form together with the 'letter of consent' on the letter head of the Central Autonomous Body / State Autonomous Body signed by authorized signatory.
2. Kindly ensure that all columns are properly filled.
3. Fields marked with \* are mandatory.
4. Kindly provide approximate number of NPS subscribers associated with your organization.