

Request For Change/Correction in Subscriber Master details And/Or Reissue of PRAN Card

☐ I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

<input type="checkbox"/> 3. PROOF OF ADDRESS (PoA)	Correspondence Address	Permanent Address
[Please tick (✓), as applicable] # Not more than 3 months old. Please refer Sr. No. 2 of the instructions	Passport /Driving License/UID (Aadhaar)/Voter ID card/ NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/ NREGA Job Card/Ration Card/Others
	Registered Lease/Sale agreement of residence	Registered Lease/Sale agreement of residence
	#Latest Gas/Electricity/Telephone[Landline] Bill	#Latest Gas/Electricity/Telephone[Landline] Bill

<input type="checkbox"/> 4.1 CORRESPONDENCE ADDRESS DETAILS	
Address Type* Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>	
Flat/Room/Door/Block no.	Landmark
Premises/Building/Village	
Road/Street/Lane	
Area/Locality/Taluk	
City/Town/District	PIN Code
State/U.T.	C o u n t r y

<input type="checkbox"/> 4.2 PERMANENT ADDRESS DETAILS <input type="checkbox"/> [Tick (✓) in the box in case the address is same as above.]	
Address Type* Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>	
Flat/Room/Door/Block no.	Landmark
Premises/Building/Village	
Road/Street/Lane	
Area/Locality/Taluk	
City/Town/District	PIN Code
State/U.T.	C o u n t r y

<input type="checkbox"/> 5. CONTACT DETAILS	
Tel. (Off)(with STD code) +	Tel. (Res) (with STD code) +
Mobile + 9 1	(Mobile Number is required for communication and to get SMS alerts)
Email ID	
Value Added Service i) SMS Alert Yes <input type="checkbox"/> No <input type="checkbox"/>	ii) Email Alert: Yes <input type="checkbox"/> No <input type="checkbox"/>

<input type="checkbox"/> 6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)	
► Occupation Details [please tick(✓)]	
Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/>	
Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify) <input type="text"/>	
► Income Range (per annum) Upto 1 lac <input type="checkbox"/> 1 lac to 5 lac <input type="checkbox"/> 5 lac to 10 lac <input type="checkbox"/> 10 lac to 25 lac <input type="checkbox"/> 25 lac and above <input type="checkbox"/>	
► Educational Qualifications Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professionals (CA, CS, CMA, etc.) <input type="checkbox"/>	
► Please Tick If Applicable Politically exposed person <input type="checkbox"/> Related to Politically exposed Person <input type="checkbox"/> (Please refer instruction no.3)	

<input type="checkbox"/> 7. SUBSCRIBER BANK DETAILS (Please refer to Sr no. 4 of the instructions) [All bank details are mandatory except MICR Code.]	
You want to change Bank details of: Tier I <input type="checkbox"/> Tier II <input type="checkbox"/>	
(In case you want to change bank details in both Tier I & Tier II Account, tick both check box)	
Tier I Account : Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/>	
Bank A/c Number	
Bank Name	
Branch Name	
Branch Address	PIN Code
	State/U.T.
	C o u n t r y
Bank MICR Code	IFS Code
Tier II Account: If same as above for Tier I Yes <input type="checkbox"/> else, <input type="checkbox"/>	
Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/>	
Bank A/c Number	
Bank Name	
Branch Name	
Branch Address	PIN Code
	State/U.T.
	C o u n t r y
Bank MICR Code	IFS Code

☐ **8. SUBSCRIBERS NOMINATION DETAILS** (Please refer to Sr. No . 5 of the instructions)

I want to change Nomination details of : Tier I ☐ **Tier II** ☐

(In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)

Tier I Account :

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Additional Nomination Form provided on page no. 5 & 6 separately.)

First Name	Middle Name	Last Name

Relationship with the Nominee	Date of Birth (In case of Minor)
	dd / mm / yyyy

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name

Tier II Account : If same as above for Tier I Yes ☐ **else,**

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on pages 5 & 6 separately)

First Name	Middle Name	Last Name

Relationship with the Nominee	Date of Birth (In case of Minor)
	dd / mm / yyyy

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name

☐ **9. DECLARATION ON FATCA (Foreign Account Tax Compliance Act) COMPLIANCE** (Please refer to Sr no. 6 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 Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent 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 in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Tax Identification Number (TIN)/Functional equivalent Number			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

"I certify that:

- 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 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- 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.
- 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 of any confidential information for compliance with any law or regulation whether domestic or foreign.
- 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,
- 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.
- 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
- 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.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date dd / mm / yyyy

Place :

Name of subscriber

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of female)

Reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

<p>I _____, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.</p> <p>Date : <table border="1" data-bbox="231 320 577 324"> <tr> <td>0</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>1</td><td>1</td><td>1</td><td>1</td> </tr> </table></p>	0	1	/	0	1	/	1	1	1	1	<p>Signature/Thumb Impression* of the Subscriber</p>
0	1	/	0	1	/	1	1	1	1		

1. GOVERNMENT SECTOR (Subscribers Employment Details to be filled and attested by the Dept.)

Date of Joining	<input type="text"/>	Date of Retirement	<input type="text"/>
Employee Code/ID (If applicable)	<input type="text"/>	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.	
PPAN (If applicable)	<input type="text"/>		
Group of Employee (Tick as applicable)	Group A <input type="checkbox"/>	Group B <input type="checkbox"/>	Group C <input type="checkbox"/> Group D <input type="checkbox"/>
Office	<input type="text"/>		
Department	<input type="text"/>		
Ministry	<input type="text"/>		
Basic Pay	<input type="text"/>		
Pay Scale	<input type="text"/>		

It is certified that the employment details provided above by _____ employed with us, are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	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 <input type="text"/>		Designation of the Authorised Person <input type="text"/>	
DDO Registration Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		DTO/PAO/CDDO/DTA/PrAO Registration Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of the DDO <input type="text"/>		Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>	
Dept/Ministry <input type="text"/>		Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Date of Joining / / Date of Retirement / /

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

It is certified that the employment details provided above by _____ employed with us, are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Date <div style="display: flex; border: 1px solid black; height: 25px; margin-top: 5px;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px; text-align: center;">/</div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px; text-align: center;">/</div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>	<div style="display: flex; justify-content: space-between; align-items: center; border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="border: 1px solid black; padding: 2px 10px;">Place</div> <div style="border: 1px solid black; width: 150px; height: 25px;"></div> </div> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
<div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	<div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Designation of the Authorised Person <div style="border: 1px solid black; width: 200px; height: 25px; margin-top: 5px;"></div>	Rubber Stamp of the Corporate (In the box above) <div style="border: 1px solid black; width: 250px; height: 50px; margin-top: 5px;"></div>

KYC Compliance : Yes ☐

KYC document accepted for identify proof :

KYC document accepted for address proof :

Copy of PAN card submitted : Yes ☐ No ☐

PAN Compliance : Yes ☐

POB / POB-SP Seal										
	Signature of Authorized Signatory									
	Name : _____ Place : _____ Designation : _____ Date : <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	d	d	/	m	m	/	y	y	y
d	d	/	m	m	/	y	y	y	y	

INSTRUCTIONS FOR FILLING IN THE FORM

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/
of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1st Nominee

First Name

Middle Name

Last Name

2nd Nominee

First Name

Middle Name

Last Name

3rd Nominee

First Name

Middle Name

Last Name

Address of 1st Nominee

A blank 10x10 grid with 10 columns and 10 rows, intended for drawing a 10-sided polygon.

Address of 2nd Nominee[illegible]**Address of 3rd Nominee**[illegible]

1st 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
-------------	---	---	---	---	---	---	---	---	---	---	-------------	---	---	---	---	---	---	---	---	---	---	-------------	---	---	---	---	---	---	---	---	---	---

1st Nominee

[illegible]

2nd Nominee

[illegible]

3rd Nominee

[illegible]

1st Nominee	%	2nd Nominee	%	3rd Nominee	%
-------------	---	-------------	---	-------------	---

1st Nominee's Guardian Details

First Name

Middle Name

Last Name

2nd Nominee's Guardian Details

First Name

Middle Name

Last Name

3rd Nominee's Guardian Details

First Name

Middle Name

Last Name

Dated this _____ day of _____ 20____ at _____

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

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
_____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC

Signature of the Authorised Person

POP-SP/DDO/NL-CC Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO/NL-CC Office Name : _____

Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
(Allotted by CRA): _____

Signature of the Authorised Person

INSTRUCTIONS FOR FILLING THE FORM

General Guidelines

- (a) This form is to be used for the purpose of change/correction in subscriber master details, reissue of PRAN card or employment details.
 (b) The form is to be submitted at the Nodal Office for carrying out the necessary changes
 (c) Please tick the box on the left margin of appropriate row where change/correction is required' and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested.
 (d) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
 (e) Details Marked with (*) are the mandatory fields. Mention 12 digits PRAN correctly.
 (f) All Dates Should be in "DDMMYYYY" Format

S. No	Item No.	Item Details	Instructions																																																																
1	1	Spouse Name	If married, spouse name is mandatory.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph.</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP bank for an existing Bank customer.</td> <td>4</td> <td>Certificate of the POP bank for an existing Bank customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph and residential address.</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td>11</td> <td>Identity card issued by Central/State government and its Departments, statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td> <td>11</td> <td>The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.</td> </tr> <tr> <td>12</td> <td>Photo. 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3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example 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.																																																																
4	7	Subscriber's Bank Details	In case, subscriber provides bank details, it should be supported by cancelled cheque. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.																																																																
5	8	Subscriber's Nomination Details	(a) In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be 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 to 100, entire nomination will be rejected. (b) Please refer nomination relationship matrix provided below.																																																																
6	10	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filling 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 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 should be provided or reasons for not having relinquishment certificate is to be provided																																																																

Nomination Relationship Matrix (Please mention relationship as per details given below)												
Relationship	Male				Female				Transgender			
	Unmarried	Married	Widower	Divorcee	Unmarried	Married	Widower	Divorcee	Unmarried	Married	Widower/Widow	Divorcee
Father	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mother	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Son		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes
Daughter		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes
Husband						Yes				Yes		
Wife		Yes										
Father In Law						Yes	Yes			Yes	Yes	Yes
Mother In Law						Yes	Yes			Yes	Yes	Yes
Grand Son		Yes	Yes (only if the Married SON is expired)	Yes		Yes	Yes (only if the Married SON is expired)	Yes		Yes	Yes (only if the Married SON is expired)	Yes
Grand Daughter		Yes		Yes		Yes		Yes		Yes		Yes
Daughter In Law		Yes		Yes		Yes		Yes		Yes		Yes
Others	Yes		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application.
- c) For more information, contact CRA:

Website: <https://nps.kfintech.com>

Call: 1800 208 1516

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