NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM - Private Sector How did you hear about NPS																															
How did you hear about N	PS		Frie	nd/	fami	ly	Social	media	Ne	ewpap	er/m	nagazi	nes	TV	/ Rad	dio		F	ina	ncial	ad	viso	r/a	pps		Emp	oloyer				
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National Pension System Tr	ust																														
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5. TATCA (TOTCIGHT ACCOUNT TOX CON	pliance Act & Cho DeceMATION ((Refer of the districtions).											
	not resident of any other country	I am a tax resident	of the country/ies mentione	below									
US Person Yes	No												
Partic	SWELLOVENO	Country (1)	Country	(2)	Country (3)								
Country/countries	Torring and the second												
Address in the jurisdiction for Tay	Address Line 1 City/Town/Village												
Address in the jurisdiction for Tax Residence	State												
nesidence	ZIP/Post Code												
Tax Identification Number (TIN)/Function	The state of the s												
TIN/ Functional equivalent Number Issui													
Validity of documentary evidence provid	ddmmy	/уу	ddmmyyyy										
I have understood the information requi hereby confirm that the information pro		nd Signature / Thumb Impression* of Applicant (refer instructions)											
10. DECLARATION BY APPLICANT* (Refer Sr no. 7 of the instructions)												
I have read and understood the terms arme are true and correct, to the best of it. NPS Trust. I do not hold any pre-existing incorrect information or documents. Declaration under the Prevention of Mo I hereby declare that the contribution princome. I understand that NPS Trust has authorities. I further agree that NPS Trurelating to prevention of money launderity. Date: d d m m y y y y	ny knowledge. Any changes in the inforg account under NPS. I understand that ney Laundering Act, 2002 haid by me/on my behalf has been der is the right to peruse my financial profil sit has the right to close my PRAN in co	mation furnished by me I shall be fully liable for ived from legally declar e or share the informati	e shall be infomred to CRA / r submission of any false or ed and assessed sources of ion, with other government	(*LTI in case	e / Thumb Impression* of Applicant e of males and RTI in case of females to be ed. Toe impression in case no hands)								
11. DECLARATION BY EMPLOYER (All	Details are Mandatory)												
Date of Retirement	d m m y y y y												
			Non-mondatam if										
Employee Code/ID			Non-mandatory if	iot available									
CHO Registration Number It is certified that details provided above are as per the set us and got confirmed by him/her. Name of the Authorised Person	is employed with				ncluding the address and employment les have been read over to him/her by								
Designation of the Authorised Person													
Date													
Place			Signature of Authorised p	erson	Rubber Stamp of the Employer								
12. TO BE FILLED BY POP													
Receipt No. (17 digits)													
	non	CD Desistantian Number											
POP Registration Number	POP	-SP Registration Number											
Documents Received:													
Existing Customer: I/we hereby certify/or operative Bank/ Demat/ Folio/	account (specify nature on nch/office. The KYC documents availal	of the account) having a ble with us for this cus	account number /client ID tomer/client matches the r	equirement	for opening NPS account and are in								
Name of the Authorised Person													
Designation of the Authorised Person													
Date													
Place			Signature of Authorised p	erson	Rubber Stamp of the PoP								
			THE STREET										
		ACKNOWLEDGEMENT	S.										
Name of the Subscriber:													
Application Receipt Date: d d	m m y y y y												
Initial contribution amount Mode of payment Ch	eque / DD Debit instruction	Cash	Ct:	ımp and Sign	nature of PoP								
CI	Desit instruction	Cusii	516	p and olgi	MANAGE OF FOR								



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 acknowledgement slip signed/ stamped by the PoP/PoP-SP office.

CI CI	Item	Itom Dotails		sharra f are c as	7. 52 21 2232	Instructions										
SI	No	Item Details	In case a subscriber opts not to have a physical PRAN Card or Welcome Kit, reduced account opening charges of CRA are applicable as under:													
			In case a subscriber opts not to h	nave a physical F	PRAN Card or	Welcome Kit, reduced acco	unt opening charg	es of CRA are applicable as under:								
		Option for PRAN	Account opening with P	hysical PRAN ca	rd (in Rs)		Account opening	with ePRAN card (in Rs.)								
		Card and Kit			sent vide email only											
			₹ 39.36 (Excludes A	pplicable Char	ges)		₹ 18.00 (Exclude:	s Applicable Charges)								
1	1	Father's Name, Mother's Name	(a) If the name has more than 30 digits (b) If the applicant is an Orphan, he/sh			lowever, an official docum	ent to support the	status to be submitted.								
		Politically Exposed Person	Politically Exposed Persons' (PEPs) are government, senior politicians, senior officials.				(8)									
2	2		the applicant is submitting Aadhaar as proof of Identity and Address, the first 8 digits of the Aadhaar number should be redacted / masked on the ubmitted copy													
3	3	Current Address	Providing current address is mandatory	y. The submitted	d address proc	f should contain the currer	nt address as provi	ded in the form.								
4	5	Bank Details	For Tier I & Tier II account, bank dete statement / bank certificate / letter fro		08A 38	05.4		2. (d) 1: X (d)								
5	6		(a) If a subscriber has family at the tin Any nomination made in favour of a p and any nomination made before suc nomination may be in favor of any per be invalid and the subscriber shall mak (b) In case of more than one nominee,	erson not belor h marriage sha son or persons l se a fresh nomin	nging to family Il deemed to but if the subs nation in favou	shall be invalid; A fresh no be invalid; If at the time of criber subsequently acquir r of one or more persons b	omination shall be of making a nomin es a family, such n elonging to his fan	made by the subscriber upon marrial ation the subscriber has no family, the omination shall forthwith be deemed nily.								
6	1	Selection of Pension Fund (PF) & Investment Choice	Corporate applicants may exercise the The Asset classwise exposeure limits TIER - I ASSET CLASS ASSET CLASS G (GOVERNMENT SECURITIES) ASSET CLASS C(CORPORATE BONDS) ASSET CLASS E(EQUITY) ASSET CLASS A(ALTERNATE ASSETS)		applicable to	subscribers under Tier I an ASSET CLASS S G (GOVERNMENT SECURITIES) S C(CORPORATE BONDS)		N=2								
7	9	FATCA & CRS Declaration	Clarification / Guidelines on filling deta Jurisdiction(s) of Tax Residence: Sin purpose in USA. Tax identification Number (TIN): TIN integrity number with an equivalent leindividual include, a social security/ins In case applicant is declaring US pers provided or reasons for not having reli In case applicant is declaring US pers	need not be repevel of identifications are number, son status as 'No nquishment cer on status as 'Yes	e global incon ported if it has ation (a "Func citizen/perso o' but his/her tificate is to be s', provide PAI	ne of its citizen, every US not been issued by the juri- tional equivalent"), the sar nal identification/services Country of Birth is US, docu e provided.	citizen of whatever, sdiction. However, me may be reporte code/number and ument evidencing lation to details required.	if the said jurisdiction has issued a high d. Examples of that type of number for resident registration number) Relinquishment of Citizenship should l uired under section 9 of form								
8	8	Tier-II activation	Asset Class A is not available under Ti that of Tier-I whereas he/she has chos II mentioning the asset allocations													
9	9 & 10	- 6.	In case the applicant is unable to affix and in case there is no hands, toe im whom should be the authorised officia	pression of the	applicant to b	e provided. The thumb / t	oe impression sho									

Relationship		M	ale			Fe	nale		Transgender Transgender								
Relationship	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 (spouse)							
Wife		Yes															
Father In Law						Yes	Yes			Yes	Yes	Yes					
Mother In Law						Yes	Yes			Yes	Yes	Yes					
Grand Son		Yes	Yes (only if	Yes		Yes	Yes (only if	Yes		Yes	Yes (only if	Yes					
Grand Daughter		Yes	the Married SON is	Yes		Yes	the Married SON is	Yes		Yes	the Married SON is	Yes					
Daughter In Law		Yes	expired)	Yes		Yes	expired)	Yes		Yes	expired)	Yes					
Others	Yes		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes					

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



	Annexure I - Print PR														.01	чрр	rica	1116	• (ICK C	ina	LILLES	аррі	icar	,,,,,	411110	- Au	103	DCI	O VV)					
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