#### NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM KARVY CENTRAL RECORDKEEPING AGENCY (NPS) Please select your category State Govt. Central Govt Affix NPS Lite (GDS) [ Please tick(√) ] All Citizen Model Corporate Sector recent colour photograph of 3.5 cm × 2.5 cm size / National Pension System Trust. Passport size Dear Sir/Madam I hereby request that an NPS account be opened in my name as per the particulars given below: \* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page) KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers KYC Number (if applicable) Generated from Central KYC Registry Retirement Adviser Code (If applicable) PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions) Kumari Name of Applicant in full First Name\* Middle Name Last Name Subscriber's Maiden Name (if any) Father's Name\* (Refer Sr. No. 1 of instructions) Mother's Name\* (Refer Sr. No. 1 of instructions) Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [ Please tick (🗸) ] (Date of Birth should be supported by relevant documentary proof) Date of Birth\* City of Birth\* Country of Birth\* Gender\* [ Please tick (✓) ] Others Nationality\* Male Female In-Indian Marital Status\* Married Unmarried Others Spouse Name<sup>3</sup> (Refer Sr. No. 1 of instructions) Indian Residential Status\* 2. PROOF OF IDENTITY (Pol)\* (Any one of the documents need to be provided along with the identification number) Passport Expiry Date Passport Voter ID Card PAN Card **Driving License** Driving License Expiry Date NREGA JOB Card Others Name of the ID UID (Aadhaar) I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NP\$) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC servićes 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. As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form. Correspondence Address **Permanent Address** PROOF OF ADDRESS (PoA)\* Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Passport / Driving License/UID (Aadhaar)/Voter ID card/NREGA Job [ Please tick ( ), as applicable ] Card/Ration Card/Others #Not more than 3 months old. Registered Lease/Sale agreement of residence Registered Lease/Sale agreement of residence Please refer Sr. No. 2 of the instructions #Latest Gas/Electricity/Telephone[Landline] Bill #Latest Gas/Electricity/Telephone[Landline] Bill 4.1 CORRESPONDENCE ADDRESS DETAILS\* Address Type\* Residential/Business Residential **Business** Registered Office Unspecified Landmark Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District PIN Code State/U.T. 4.2 PERMANENT ADDRESS DETAILS\* Tick (✓) in the box in case the address is same as above. Residential/Business Registered Office Unspecified Address Type\* Residential **Business** Flat/Room/Door/Block no. Landmark Premises/Building/Village

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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	
LC 75		Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50		3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 25		

#### 11. DECLARATION BY 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 thereunder 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	Prevention	of Money	Laundering	Act, 2002

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 the 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.

ound viola	ting the provisions of any law relating to prevention of money laundering.	
Date	d d I m m I y y y y	
Place :		
		Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
DECLA	RATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANO	*F (Please refer to Sr no. 8 of the instructions)*

## Section I\*

JS 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 setout 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 Id (TIN)/Functional Equivalent Number	entification Number			
PAN/TIN/ Functional equivalent Number Iss	suing Country			
Validity of documentary evidence provided (W	/herever applicable)	dd <b>/</b> mm <b>/</b> УУУУ	dd <b>/</b> mm <b>/</b> УУУУ	dd/mm/уууу

#### "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 thereunder and the information provided in the Form is in accordance with the aforesaid
- 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 of 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 dd / m m / y y y y 3 o	15
Place :	Signature/Thumb Impression* of Subscriber in black ink
	(* LTI in case of male and RTI in case of females)
Name of subscriber	
13. DECLARATION BY EMPLOYER	
Applicable to Government	ent Subscribers only
(Subscribers Employment Details to be filled and	attested by the Deptt. (All Details are Mandatory)
Date of Joining	Date of Retirement
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you intend
PPAN (If applicable)	to provide, mention any one.
Group of Employee (Tick as applicable) Group A Group A Group	up B Group C Group D
Office	
Department	
Ministry	
DDO Registration Number	
DTO/PAO/CDDO/DTA/PrAO Registration Number	
Basic Pay	
Pay Scale	
It is certified that the details provided in this subscriber registration form by	
the address and employment details provided above are as per the servi he/she has read entries/entries have been read over to him/her by us an	ce record of the employee maintained by us. Also, it is further certified that
instance had standard management and soon road over to minimal by do an	g got committee by minimon.
Signature of the Authorised person Rubber Stamp of the DDO (In the box above) (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	Designation of the Authorised Person
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry	Date d d / m m / y y y y
14. DECLARATION BY EMPLOYER/ CORPORATE	
Applicable to Corpora	ate Subscribers only
(Subscribers Employment Details to be filled and a	attested by Corporate (All Details are Mandatory))
Date of Joining	Date of Retirement dd dl/mm/m//yyyyy
Employee Code/ID	
Corporate Regd. Number (CHO No.) Allotted by CRA	
CBO No. allotted by CRA	
	employed with us, including the
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the emplo	yee maintained by us. Also, it is further certified that he / she has read the
entries / entries have been read over to him / her by us and got confirmed by h	imi / net.
Date d d / m m / y y y y	Place
Signature of the Authorised person (In the box above)	
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)
g u.o., wu.ooou . o.oo	rabbor starrip or the corporate (in the box above)

 Ver 1.6
 4 of 5

15. TO BE FILLED BY POP-SP		
Receipt No. (17 digits)		POP-SP Registration Number 1 6 1 5 4 6 7
Document accepted for date of Birth Proo		
Copy of PAN card submitted YES	NO KYC Compli	iance YES NO
Documents Received: (Ori	ginals Verified) Self Certified (Atteste	ed) True Copies
Identity Verification : Don		
Existing Bank Customer:		
Saving Bank account no	at NPS account have been fully complied wit	is an existing customer of the Bank having fully operativebranch and KYC norms required for opening Bank Account ith. We further confirm that the S. B. a/c of Sh/Smt/Kum
Adhaar Based KYC Certificate:	of Sh/Smt/Kum	has been checked and the name
and address mentioned on the original Aa		
To be filled by POP-SP		Name:
Asit C. Mehta Investment		Name.
Interrmediates Ltd.		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date   d   d   /   m   m   /
	To Be Filled by CRA Br	ranch
Received by		CRA-Branch
Received at		Date dd/mmm//yyyy
Acknowledgement Number (by CRA-Branch)		
PRAN Alloted		
	ACKNOWLEDGEMEN	 IT
Name of the Subscriber:		
Contribution Amount Remitted:	·	
Date of Possint of Application and Contrib	tion Amounts did I all and	

Stamp and Signature of the Employer/PoP:

# INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

#### **General Guidelines**

- 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.
- In case, you mention the KYC number submission of proof for the same is necessary.
- 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
  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 applicant should be accepted.

  Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office. Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

  The subscriber's through a processing should be verified by the designated officer of POP-SP / Nodal Office.

S. Io	Item No.	Item Details		Instr	ruction	ns				
		Personal Details	ii. Cu iii. The	s Form is applicable to Resident Indians and there is a separa rrently, Foreign Nationals / Other Country Individuals (OCI) an a applicant shall mention father's name and mother's name an	id Pers	sons of Indian Origin (PIO) are not allowed to open PRAN.				
		Spouse Name		ried, spouse name is mandatory.						
1	1	Father's Name		her's name is mandatory. ather's name has more than 30 digits, you may fill Annexure II	for the	e same.				
		Mother's Name	i. Mo	other's name is mandatory Nother's name has more than 30 digits, you may fill Annexure						
		Date of Birth	Pleas	e ensure that the date of birth matches as indicated in the doc	ument	provided in the support.				
			S.No	Proof of Identity (Copy of any one)	S.No					
			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 address				
			4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.				
			5	Voters Identity card with photograph and residential address.	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 commissione BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate et				
		Identity,		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	Correspondence & Permanent address details	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				
		uetalis	10	Job cards issued by NREGA duly signed by an officer of the State Government  Identity card issued by Central/State government and its	10	Job cards issued by NREGA duly signed by an officer of the State Government  The identity card/document with address, issued by any of				
			''	Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professiona Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	l	the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings Scheduled Commercial Banks, Public Financial Institutions for their employees.				
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)				
				Ex-Service Man Card issued by Ministry of Defence to their employees.  Photo Credit card.	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)				
			14	Filoto Credit card.	15	Latest Property/house Tax receipt (not more than one year old)  Existing valid registered lease agreement of the house on stam				
			Note:		13	paper ( in case of rented/leased accommodation)				
3	6	Politically Exposed	(ii) If for for (iii) The Politic	m, a separate proof of address should be obtained. All future correspondence & Permanent address are different, then proof ke KYC documents may be submitted within a period of 30 day ally Exposed Persons' (PEPs) are individuals who are or have	d proof proof d common f for books s after been	of both identity and address.  iffers from the current address mentioned in the account opening unications will be sent to correspondence address.  oth have to be submitted.				
,	U	Person		d corporations, important political party officials.	ioi go	volument, judicial of filmary chickie, contor exceditives of clate				
4	7	Subscriber's Bank Details	Bank is not	details are mandatory. Please attach a Cancelled cheque (con Certificate containing Name, Bank Account Number and IFS of preprinted with name, additionally, a copy of the bank passboot S code should be submitted.	ode, fo	or direct credit or electronic transfer. In case if the cheque				
5	8	Subscriber's Nomination Details	ассер			ninees must be integer. Decimals/Fractional values shall not be minees must be equal to 100. If sum of percentage is not equal t				
6	10	Pension Fund (PF) Selection and Investment Option	For m	ore details on 'Investment Option', you may visit CRA website.	ercise	the investment option. As mentioned, your contribution will be				
7	11	Declaration by Subscriber	Signa desigr	ture / Thumb impression should only be within the box provide nated officer of POP/POP-SP/Nodal office with the official seal	d in th					
8	12	Declaration by subscriber on FATCA Compliance	Clarifi  Juris  resid  Tax  issu  of tl  res	ignature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the esignated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.  Iarification / 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						
			Ider	ntification Number (TIN) case applicant is declaring US person status as 'No' but his/he		, , ,				

## **General Information for Subscribers**

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

c) For more information / clarifications, contact CRA:

Website: https://nps.karvy.com Call: 1800 208 1516

Address Karvy Fintech Pvt Limited

Karvy Selenium, Tower- B, Plot No 31 & 32, Financial district, Nanakramguda,

Serilingampally Mandal, Hyderabad, 500032, India.

KARVY FINTECH