CSRF 1

	NATIONAL PENSION SUBSCRIBER REGIS		Affix
	Please Select your Category [Please	e tick(√)]	recent colour
То,	Government Sector	Corporate Sector	photograph of
National Pension System Trust.	All Citizen Model	NPS Lite/Swavalamban	3.5 cm X 2.5 cm size
Dear Sir/Madam,			
I hereby request that an NPS account be		-	
	form in English and BLOCK letters with bla	ack ink pen. (Refer general guidelines at instructions page)	
1. PERSONAL DETAILS:			
Name of Applicant in full S First Name*	hri 🔄 Smt. 🔄 Kumari		
Middle Name			
Last Name			
Date of Birth* d	d / m m / y y y y	Date of Birth should be supported by relevant documentar	y proof)
Gender [Please tick ($$)] Male	e E Female Others		
Father's Name*	s t M	i d d I e L a s	t
(Refer Sr. No. 1 of instructions)			
2. IDENTITY DETAILS * (Any one of the			
PAN	Aadhaar	Voter ID	
Passport	Others Name of the ID	I D N u m b e r Please re	efer Sr. No. 2 of the instructions.
3. CORRESPONDENCE ADDRESS I	DETAILS*		
Flat/Room/Door/Block no.		Landmark	
Premises/Building/Village			
Road/Street/Lane			
Area/Locality/Taluk			
City/Town/District		PIN Code	
State/U.T.		C o u	n t r y
4. PERMANENT ADDRESS DETAILS	Tick ($$) in the box in case the	e address is same as above.	
Flat/Room/Door/Block no.		Landmark	
Premises/Building/Village			
Road/Street/Lane			
Area/Locality/Taluk			
City/Town/District State/U.T.		PIN Code	n t r y
		C o u	
Proof of Address (Correspondence/ Aadhar card Passport Vo	,	Ration Card Registered Lease Sale agre	
		Ration Card 🔄 Registered Lease 🔄 Sale agre	ement of residence
*Not more than 3 months old. Please refu			
5. CONTACT DETAILS			
Landline Phone (with STD Code)		Mobile + 9 1	
Email ID			
Do you want to subscribe to SMS	Alerts: Yes No Mobile n	umber is essential for receiving sms alerts regarding your NI	PS account
6. OTHER DETAILS (Please refer to Sr	no. 3 of the instructions)		
 Occupation Details [please tic 			
	ernment Sector 🗌 Public Sector 🗌	Business Professional	Agriculture
Homemaker Stud	dent NRI	Other (please specify)	
Please Tick If Applicable	Politically exposed person Re	elated to Politically exposed Person	
Income Range (per annum)	Jpto 1 lac 🗌 1 lac to 5 lac 🗌 5 l	ac to 10 lac 🗌 10 lac to 25 lac 🗌 25 lac a	and above
Educational Qualifications	Below SSC SSC HSC	Graduate Masters Professionals (CA	, CS, CMA, etc.)
7. SUBSCRIBER BANK DETAILS (P	lease refer to Sr no. 4 of the instructions)		
Account Type [please tick(\checkmark)]	Saving A/c Current A/c]	
Bank A/c Number			
Bank Name			
Branch Name Branch Address		PIN Code	
Brahen Audress	State/U.T.		n t r y
Bank MICR Code		C Code	11 L I Y

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	Please Select your Category [Please	e tick(√)]	recent colour
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Middle Name			
Last Name			
Date of Birth* d	d / m m / y y y y	Date of Birth should be supported by relevant documentar	y proof)
Gender [Please tick ($$)] Male	e E Female Others		
Father's Name*	s t M	i d d I e L a s	t
(Refer Sr. No. 1 of instructions)			
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Road/Street/Lane			
Area/Locality/Taluk			
City/Town/District		PIN Code	
State/U.T.		C o u	n t r y
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Road/Street/Lane			
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City/Town/District State/U.T.		PIN Code	n t r y
		C o u	
Proof of Address (Correspondence/ Aadhar card Passport Vo	,	Ration Card Registered Lease Sale agre	
		Ration Card 🔄 Registered Lease 🔄 Sale agre	ement of residence
*Not more than 3 months old. Please refu			
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Landline Phone (with STD Code)		Mobile + 9 1	
Email ID			
Do you want to subscribe to SMS	Alerts: Yes No Mobile n	umber is essential for receiving sms alerts regarding your NI	PS account
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 Occupation Details [please tic 			
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Homemaker Stud	dent NRI	Other (please specify)	
Please Tick If Applicable	Politically exposed person Re	elated to Politically exposed Person	
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7. SUBSCRIBER BANK DETAILS (P	lease refer to Sr no. 4 of the instructions)		
Account Type [please tick(\checkmark)]	Saving A/c Current A/c]	
Bank A/c Number			
Bank Name			
Branch Name Branch Address		PIN Code	
Brahen Audress	State/U.T.		n t r y
Bank MICR Code		C Code	11 L I Y

Nam		NOMINATION DETAIL		101 10 01. 110 . 0	or the motifuelle						
		inee (You can nominate i	un to a maximu	um of 3 nominee	e and if you dee	ire so	nlease fill in An	nevure III (Additions	Nomination Form)	novided senarately	
NULL	Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provi Nominee Name F i r s t i d d i e i L a s t i i i d d i e i i L a s t i i i d i <td< td=""><td>biovided Separately</td></td<>							biovided Separately			
Relationship with the Nominee Date of Birth (In case of Minor) d d l m m l y y y											
Nom	inee's Guardi	ian Details (in case of	a minor)								
Nom	ninee's Guardi	ian First		M	iddle	è		L a s t			
9. NPS	OPTION DE	TAILS (Please tick $()$ a	as applicable)								
l wo	uld like to sub	scribe for Tier II Accou	unt also YE	S NO			submit details i subscribers).	n Annexure I. (Tier	Il account is not avai	lable for NPS Lite/	
l wo	uld like my PF	RAN to be printed in H	lindi YE	S NO	lf Yes, p	leases	submit details o	on Annexure II			
10. PEN	ISION FUND	(PF) SELECTION AN		ENT OPTION	*						
((i) Governmer (a) LIC Pen (ii) NPS Lite/S (iii) All Citizen	ND SELECTION (Ties with following condit int Sector: For Governme ision Fund Limited (b) S wavalamban: NPS Lite S Model: Subscribers unde Model: Subscribers shall f	tions: ent Subscribers BBI Pension Fu Swavalamban i er All Citizen m	s, the following nds Pvt. Limited is a group choic nodel has the op	PFs act as defa d (c) UTI Retire e model where s otion to choose f	ult PFs ement subscri the ava	s as per the gu Solutions Ltd. iber has a choi ailable PFs as l	idelines issued by t ce of PF and investr per their choice in th	he Government: ment option as availa ne table below.	ble with Aggregato	
,			•								
		Name of the Per	nsion Fund		Please Tick	(*)		Availability of	the Pension Funds		
		on Fund Limited					Available to				
		on Funds Private Limited					Government Sector				
		ment Solutions Limited						Available to	Available to All	Available to	
		lential Pension Funds Ma	0	npany Limited				NPS Lite/ Swavalamban	Citizen Model*	Corporate Model*	
		nindra Pension Fund Limi									
		Capital Pension Fund Lim									
		nsion Management Comp of Pension Fund is mandate		a and Auto Oh 1		10	ndiaata a -t!	of DE places and "	hot it is deems ditted	ou hove sees at a	
I		uto Choice, please refer t									
(iii)	For details on Ai 1. In case you 2. In case you and investin ASSET ALLO Asset Class %	uto Choice, please refer t u do not indicate any inve- u have opted for Auto Cho nent will be made as per DCATION (to be filled E (Cannot exceed 50%)	to the Offer Do istment option, pice, DO NOT f Auto Choice. I up only in c	your funds will fill up section be case you hav G	be invested in A elow relating to A e selected th Total	Asset A e 'Ac Note 1009	Allocation. In ca	investment opti ocation across E, C allocation is left b		s must be equal to	
(iii) / (iii)	For details on An 1. In case you and investm ASSET ALLO ASSET Class % CLARATION E aration & Autho the read and under the read/explaine the prescribe forfeited alor aration under the eby declare that to peruse my find d violating the pre- the read/explaine the prescribe forfeited alor	uto Choice, please refer t u do not indicate any inver- nent will be made as per a DCATION (to be filled (Cannot exceed 50%) BY SUBSCRIBER* (P orization by all subscrift erstood the terms and con- correct, to the best of my above information furnish ion or documents. bound by the terms and drithout any new declaratio	to the Offer Do isstment option, bice, DO NOT f Auto Choice. I up only in c C Please refer to S bers ditions of the N knowledge an hed by me. I do d conditions of f bon being furnish ubscriber the Swavalami minimum Rs. is as may be pr y Laundering me/on my beha he information, ing to prevention	your funds will fill up section be case you hav G Sr no. 6 of the in lational Pensior d belief. I under o not hold any p provision of ser ned by me. I sha ban guidelines 1000/- and max rescribed. Act, 2002 alf has been der with other gov	be invested in A elow relating to A e selected th Total Total Instructions) In System and he rtake to inform i re-existing acco vices by CRA, all be bound by t and I meet the p timum of Rs. 12 rived from legall ernment authori	e 'Ac Note appli appli ereby a mmedi bunt un from tii he terr	Allocation. In ca tive Choice' a:- The total allo b:- The total allo a:- The total allo b:- The total allo a:- The total allo b:- The total allo are to the san ately the Centri ately	investment opti ocation across E, C e allocation is left b rejected. he and declare that ral Record Keeping lerstand that I shall d any amendment ti ons for the usage of criteria for assistance he Central Government sed sources of inco	the information and c Agency/National Pe be fully liable for sub hereof as approved I-pin (to access CRA e under the scheme nent contribution cre	to equal 100%, the equal 100%, the documents furnishe nsion System Trus mission of any fals by PFRDA, whethe VNPSCAN and view I also undertake t dited to my accour	
(iii) A (iii)	For details on AA 1. In case you and investm ASSET ALLO ASSET Class % CLARATION E aration & Authe e read and under te read/explaine tre read/explaine tre to the prescr be forfeited alor aration under t te by declare that to peruse my find d violating the pro- te ad d d violating the pro- te ad violating the pro-	uto Choice, please refer f u do not indicate any inves- i have opted for Auto Cho- nent will be made as per . DCATION (to be filled E (Cannot exceed 50%) BY SUBSCRIBER* (P orization by all subscril erstood the terms and con correct, to the best of my above information furnish ion or documents. bound by the terms and vithout any new declaration te CRA website. ion by Swavalamban su do to me and understood ribed contribution limit of ing with such interest rates the Prevention of Money the contribution paid by i nancial profile or share th rovisions of any law relation	to the Offer Do isstment option, bice, DO NOT f Auto Choice. I up only in c C Please refer to S bers ditions of the N knowledge an hed by me. I do d conditions of f on being furnish ubscriber the Swavalami minimum Rs. is as may be pr y Laundering me/on my beha he information, ing to prevention	your funds will fill up section be case you hav G Sr no. 6 of the in lational Pensior d belief. I under o not hold any p provision of ser ned by me. I sha ban guidelines 1000/- and max rescribed. Act, 2002 alf has been der with other gove on of money lau	be invested in A elow relating to A e selected th Total Total nstructions) in System and he rtake to inform i re-existing accc vices by CRA, all be bound by t and I meet the p timum of Rs. 12 rived from legall ernment authori indering.	Asset A e 'Ac Note 100% appli ereby a mmedi ount un from tii he terr y decla ties. I 1	Allocation. In ca tive Choice' a:- The total allow b:- In case, the ication shall be agree to the san iately the Centre ider NPS. I unce me to time and me to time and condition bed eligibility of failing which the ared and assess further agree the Signature (* LT	investment opti ocation across E, C e allocation is left b rejected. he and declare that ral Record Keeping lerstand that I shall d any amendment th ons for the usage of riteria for assistance he Central Government sed sources of incoment sed so	the information and c Agency/National Pe be fully liable for sub hereof as approved I-pin (to access CRA e under the scheme nent contribution cre	as must be equal to be equal 100%, the documents furnishe nsion System Trus mission of any fals by PFRDA, whethe VNPSCAN and view . I also undertake t dited to my accour at NPS Trust has th PRAN in case I ar	
(iii) / (iii) / 11. DEC Decl. I have by m of an or ind I have by m of an or ind I have by m of an or ind I have by m of an or ind I furtt comp detai I have by m Decl. I have by Decl. I have Date I have Date Date I have Date Date I have Date Date Date Date Date Date Date Dat	For details on AA 1. In case you and investm ASSET ALLO ASSET Class % CLARATION E aration & Authe e read and under the read Auther the read Auther the read Auther the read Auther the read Auther the read and under the read Auther the read Auther the read/explainer the forfeited alor aration under t to peruse my find d violating the pro- the d d d mather the read/explainer the provided auther the read/explainer the provided auther the peruse my find the p	uto Choice, please refer f u do not indicate any inve- i have opted for Auto Cho nent will be made as per / DCATION (to be filled (Cannot exceed 50%) BY SUBSCRIBER* (P orization by all subscrif erstood the terms and con correct, to the best of my above information furmisa- ion or documents. bound by the terms and ithout any new declaration te CRA website. ion by Swavalamban su dt to me and understood ribed contribution limit of ng with such interest rate: the Prevention of Mone t the contribution paid by in anancial profile or share th rovisions of any law relati / m m / y y	to the Offer Do isstment option, bice, DO NOT f Auto Choice. I up only in c C Please refer to S bers ditions of the N knowledge an hed by me. I do d conditions of f on being furnish ubscriber the Swavalami minimum Rs. is as may be pr y Laundering me/on my beha he information, ing to prevention	your funds will fill up section be case you hav G Sr no. 6 of the in lational Pensior d belief. I under o not hold any p provision of ser ned by me. I sha ban guidelines 1000/- and max rescribed. Act, 2002 alf has been der with other gove on of money lau	be invested in A elow relating to A e selected th Total Instructions) In System and he rtake to inform i re-existing acco vices by CRA, all be bound by t and I meet the p timum of Rs. 12 rived from legall ernment authori	Asset A e 'Ac Note 100% appli ereby a mmedi ount un from tii he terr y decla ties. I 1	Allocation. In ca tive Choice' a:- The total allow b:- In case, the ication shall be agree to the san iately the Centre ider NPS. I unce me to time and me to time and condition bed eligibility of failing which the ared and assess further agree the Signature (* LT	investment opti ocation across E, C e allocation is left b rejected. he and declare that ral Record Keeping lerstand that I shall d any amendment th ons for the usage of riteria for assistance he Central Government sed sources of incoment sed so	ion) and G asset classe lank and/or does no the information and of Agency/National Pe be fully liable for sub hereof as approved 1-pin (to access CRA we under the scheme nent contribution cre ome. I understand that the right to close my sion* of Subscrit	as must be equal to be equal 100%, the documents furnishe nsion System Trus mission of any fals by PFRDA, whethe VNPSCAN and view . I also undertake t dited to my accour at NPS Trust has th PRAN in case I ar	
(iii) / (iii) / 11. DEC Decl. I have by m of an or ind I have by m of an or ind I have by m of an or ind I have by m of an or ind I furtt comp detai I have by m Decl. I have by Decl. I have Date I have Date Date I have Date Date I have Date Date Date Date Date Date Date Dat	For details on AA 1. In case you and investm ASSET ALLO ASSET Class % CLARATION E aration & Authe e read and under te read/explaine tre read/explaine tre to the prescr be forfeited alor aration under t te by declare that to peruse my find d violating the pro- te ad d d violating the pro- te ad violating the pro-	uto Choice, please refer f u do not indicate any inve- i have opted for Auto Cho nent will be made as per / DCATION (to be filled (Cannot exceed 50%) BY SUBSCRIBER* (P orization by all subscrif erstood the terms and con correct, to the best of my above information furmisa- ion or documents. bound by the terms and ithout any new declaration te CRA website. ion by Swavalamban su dt to me and understood ribed contribution limit of ng with such interest rate: the Prevention of Mone t the contribution paid by in anancial profile or share th rovisions of any law relati / m m / y y	to the Offer Do isstment option, bice, DO NOT f Auto Choice. I up only in c C Please refer to S bers ditions of the N knowledge an hed by me. I do d conditions of f on being furnish ubscriber the Swavalami minimum Rs. is as may be pr y Laundering me/on my beha he information, ing to prevention	your funds will fill up section be case you hav G Sr no. 6 of the in lational Pensior d belief. I under o not hold any p provision of ser ned by me. I sha ban guidelines 1000/- and max rescribed. Act, 2002 alf has been der with other gove on of money lau	be invested in A elow relating to A e selected th Total Total nstructions) in System and he rtake to inform i re-existing accc vices by CRA, all be bound by t and I meet the p timum of Rs. 12 rived from legall ernment authori indering.	Asset A e 'Ac Note 100% appli ereby a mmedi ount un from tii he terr y decla ties. I 1	Allocation. In ca tive Choice' a:- The total allow b:- In case, the ication shall be agree to the san iately the Centre ider NPS. I unce me to time and me to time and condition bed eligibility of failing which the ared and assess further agree the Signature (* LT	investment opti ocation across E, C e allocation is left b rejected. he and declare that ral Record Keeping lerstand that I shall d any amendment th ons for the usage of riteria for assistance he Central Government sed sources of incoment sed so	ion) and G asset classe lank and/or does no the information and of Agency/National Pe be fully liable for sub hereof as approved 1-pin (to access CRA we under the scheme nent contribution cre ome. I understand that the right to close my sion* of Subscrit	as must be equal to tot equal 100%, the documents furnishe nsion System Trus mission of any fals by PFRDA, whethe VNPSCAN and view . I also undertake to dited to my accourt at NPS Trust has th PRAN in case I ar per in black ink	
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12. DECLARATION BY EMPLOYER/POP/AG	CRECATOR							
12. DECLARATION BT EMPLOTER/FOF/AC	Applicable to Governm	ent Subscribers only						
(Subscribe		attested by the Deptt. (All Details are Mandatory)						
Date of Joining d d /	m m I y y y y	Date of Retirement d d I m m I y y y						
Employee Code/ID								
Group of Employee (Tick as applicable)	Group A Group 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		_ employed with us,						
read entries/entries have been read over		e record of the employee maintained by us. Also, it is further certified that he/she has /her.						
Signature of the Authorised person	Rubber Stamp of the DDO	Signature of the Authorised person Rubber Stamp of the DTO/PAO/CDDO/						
(In the box above)	(In the box above)	(In the box above) DTA/PrAO (In the box above)						
Designation of the Authorised Person Name of the DDO		Designation of the Authorised Person Name of DTO/PAO/CDDO/DTA/PrAO						
Deptt/Ministry		Date d d / m / y y y y						
· · · · · · · · · · · · · · · ·								
(Subscrit	Applicable to Corpora pers Employment Details to be filled and a	te Subscribers only tested by Corporate (All Details are Mandatory))						
Date of Joining d d /		Date of Retirement $d d d / m m / y y y y$						
Employee ID								
Corporate Regd. No Allotted by CRA		CBO No. allotted by CRA						
Certified that the details provided in this su	hscriber registration form by	employed with us, including						
the employment details provided above an	e as per the service record of the employee	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 an	<u> </u>							
	Date d d	I m m I y y y y						
Signature of the Authorized Person (In the box above) Place Rubber Stamp of the Corporate Designation of the Authorized Person (In the box above) (In the box above) (In the box above)								
Signature of the Authorized Person Designation of the Authorized Person:	In the box above) Place	Rubber Stamp of the Corporate (In the box above)						
Designation of the Authorized Person:		(In the box above)						
Designation of the Authorized Person:	pe filled by POP-SP (Only in case of All	(In the box above)						
Designation of the Authorized Person: To t Receipt No. (17 digits)	be filled by POP-SP (Only in case of All	(In the box above)						
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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) 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.
- (b) 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
- (c) 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 application shall not be accepted.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (f) The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- (g) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website http://www.npscra.nsdl.co.in

S.No	Item No.	Item Details		Instru	ctions	3					
		Date of Birth	Pleas	Please ensure that the date of birth matches as indicated in the document provided in the support.							
1	1	Father's Name	i. l' ii. F r	mother's name on Annexure II and the mother's name will be printed on PRAN card							
			S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)					
			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 commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.					
		Identity,	8	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 2, 3 & 4 Correspondence & Permanent address details			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					
				Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government					
			11	Identity card issued by Central/State government and its Departments, statuary/ 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.	11	The identity card/document with address, issued by any of 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 departments.	12	Latest Electricity/water bill in the name of the Subscriber showing the address (less than 3 months old)					
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber showing the address (less than 3 months old)					
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)					
					15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)					
			(i) t (ii) c a	Note:							
		Other Details (Occupation Details)		RI subscriber would need to furnish an Indian address for co I be subject to regulatory requirements as prescribed by RBI		ication and bank details within India. Fund transfers by NRIs time to time and FEMA requirements.					
3	6	Politically Exposed Person	Politic count	cally Exposed Persons' (PEPs) are individuals who are or	have l	peen entrusted with prominent public functions in a foreign cians, senior government, judicial or military officials, senior					
4	7	Subscriber's Bank Details	Subs for di	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. 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	not b	In case of more than one nominae, 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.							
6	12	Declaration by Subscriber		e nodal officer with the official seal and stamp. Left Thumb Ir		in the form. Thumb impression, if used, should be attested sion in case of male and Right Thumb Impression in case of					
	General Information for Subscribers										

The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.

- b) 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://www.npscra.nsdl.co.in

Call: 022-2499-4200

e-mail: info.cra@nsdl.co.in

Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

		TIER II DETAILS																	
l h	ereby submit the following details fo	ractivation	of Tior _		unt i	undor l													
	PAN card Number (Mandatory) :						IF 3.												
	Subscribers Bank Details: (Man	datory)																	
	If same as Tier I, Please Tick ($$)	else, provid	e the def	tails bel	ow:	Saving	Is A/c		Cur	rent A	/c								
	Bank A/c Number																		
	Bank Name																		
	Branch Name																		
	Branch Address											PIN (COD	E					
				State/L	J.T.							С	0	u	n t	r	y		
	Bank MICR Code				IFSC	Code													
Su	bscriber's Nomination Details																		
lf s	ame as Tier I, Please Tick ($$) els	e, provide the	e details	below.	In cas	e vou	desire to	nominate	e mor	e thai	n one	pers	on,	pleas	e fill /	Anne	xure	.	
	Name of the Nominee:	2 I				,								•					
_	rst Name	5.43	iddle Nai							ast Na	mo								
4.	Date of Birth (In case of Minor) d	d / m m	n I y	уу	у														
5.	Relationship with the Nominee:																		
6.	Nominee's Guardian Details (in case of	of a minor):																	
Fi	rst Name	Mi	iddle Nai	me					La	ast Na	ame								
Su	bscriber Scheme Preference (Ple	ease refer offe	er docum	nent for	furthe	er deta	ls):												
7.	(i). Pension Fund (PF) Selection (Se	elect only on	e PF): S	election	n of Pl	- FM is n	nandatory	/ both in .	Active	e and	Auto	Cho	ice.	In cas	se, if	you d	do no	ot ind	icate
	a choice of PF, please note that it is de	-	ou have	consen	ted to	opting	for the d	efault op	tion f	or the	PF a	as pre	escri	bed b	by PF	RDA	. Cu	rrent	ly, SB
	Pension Funds Private Limited is the o	default PFM.																	
lf s	ame as Tier I, Please Tick ($$) els	e, provide the	e details	below															
	Per	nsion Fund	Name					Ple	ase 1	tick d	only	one	(√)						
	LIC Pension Fund Limite	d]							
	SBI Pension Funds Priva	SBI Pension Funds Private Limited																	
	LITI Potiromont Solutions											1							
		UTI Retirement Solutions Limited																	
	ICICI Prudential Pension	ICICI Prudential Pension Funds Management Company Limited																	
	Kotak Mahindra Pension	Kotak Mahindra Pension Fund Limited]							
	Reliance Capital Pension	n Fund Limit	ed																
	HDFC Pension Managem	nent Compa	any Limi	ited															

(ii). Investment Option	(Please	Tick ($ floor$) in the	box given below	v showing your investi	ment option)
().			2011 g.1 011 2010 1	, enering year inteer	none option)

Active Choice	Auto Choice	(For details on Auto Choice, please refer to the Offer Document)
		 Note:- (a) In case you do not indicate any investment option, your funds will be invested in Auto Choice (b) In case you have opted for Auto Choice, DO NOT fill up section (iii) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment made as per Auto Choice.

(iii). Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class %	E (Cannot exceed 50%)	с	G	Total	Note:- The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP.
				100%	

Declaration & Authorization by subscriber

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same 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 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/NPSCAN and view details) & T-pin on the CRA website.

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.

Date:							
Place:	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)						
	To be filled by POP/POP(SF	2)					
POP-SP Registration Number							
Copy of PAN Card Submitted YES NO							
		Name:					
		Designation:					
		Place:					
POP-SP Seal	Signature of Authorised Signatory	Date d d I m m I y					

Annexure II to CSRF 1

ADDITIONAL REQUEST DETAILS

1.	Name of Father (required if na	ame	exce	eeds	30 (char	acter	s an	d not	able	e to b	be co	vere	ed on	pag	e 1 c	of the	e app	licati	ion f	orm)						
	First Name																										
	Middle Name																										
	Last Name																										
2.	Name of Mother (required on	ly if	the a	appli	cant	wan	ts mo	other	's na	ime t	to be	e prin	ted i	nstea	ad of	Fat	ner's	nam	ne or	PR.	AN C	Card)					
	First Name																										
	Middle Name																										
	Last Name																										

3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only. All the given below fields are mandatory.

	Subscriber's Full Name in Hindi	Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.
First Name		
Middle Name		
Last Name		

	Name:
	Place:
Signature/Thumb Impression* of Subscriber in black ink	Date: d d / m m / y y y y

(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

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.

1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
2. Present Communication address of the nomin	nees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee d d I m m I y <th< th=""><th>2nd Nominee d d / m m / y y y y</th><th>3rd Nominee d I m m y y y y</th></th<>	2nd Nominee d d / m m / y y y y	3rd Nominee d I m m y y y y
4. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share:		
1st Nominee %	2nd Nominee %	3rd Nominee %
6. Nominee's Guardian Details (Only in case of a	minor).	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
Dated this day of		nature/ Thumb Impression* of the Subscriber

*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 DDO/POP-SP/NL-CC	
Certifie	d that the above declaration and nomination details has been signed \prime	thumb impressed before me by Sh/Smt/Ms
	after he / she have read the entries / entri	ies have been read over to him / her by me and got confirmed by him / her.
	Rubber Stamp of the DDO/POP-SP/NL-CC	Signature of the Authorised Person
	OP-SP/NL-CC Registration Number	Designation of the Authorised Person :
(7 110		DDO/POP-SP/NL-CC Office Name :
Date	d d I m m I y y y y	
TO BE	FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number
		(Allotted by CRA):
Dubba	Stamp of the DAD/DTO/DOD/DOD SD/NU AD/DTA/D-AD	
Rubbel	r Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	Signature of the Authorised Person

Nam		NOMINATION DETAIL		101 10 01. 110 . 0	or the motifuelle					
		inee (You can nominate u	un to a maximu	um of 3 nominee	e and if you dee	ire so	nlease fill in An	nevure III (Additions	Nomination Form)	novided senarately
NULL	ninee Name				i d d l e					biovided Separatery
				IVI						
	ationship with 1				Date	of Bir	th (In case of	Minor) d d	/ m m / y	уууу
Nom	inee's Guardi	ian Details (in case of	a minor)							
Nom	ninee's Guardi	ian First		M	iddle	è		L a s t		
9. NPS	OPTION DE	TAILS (Please tick $()$ a	as applicable)							
l wo	uld like to sub	scribe for Tier II Accou	unt also YE	S NO			submit details i subscribers).	n Annexure I. (Tier	Il account is not avai	lable for NPS Lite/
l wo	uld like my PF	RAN to be printed in H	lindi YE	S NO	lf Yes, p	leases	submit details o	on Annexure II		
10. PEN	ISION FUND	(PF) SELECTION AN		ENT OPTION	*					
((i) Governmer (a) LIC Pen (ii) NPS Lite/S (iii) All Citizen	ND SELECTION (Tier with following condit int Sector: For Governme ision Fund Limited (b) S wavalamban: NPS Lite S Model: Subscribers unde Model: Subscribers shall f	tions: ent Subscribers BBI Pension Fu Swavalamban i er All Citizen m	s, the following nds Pvt. Limited is a group choic nodel has the op	PFs act as defa d (c) UTI Retire e model where s otion to choose f	ult PFs ement subscri the ava	s as per the gu Solutions Ltd. iber has a choi ailable PFs as l	idelines issued by t ce of PF and investr per their choice in th	he Government: ment option as availa ne table below.	ble with Aggregato
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		Name of the Per	nsion Fund		Please Tick	(*)		Availability of	the Pension Funds	
		on Fund Limited					Available to			
		on Funds Private Limited					Government Sector			
		ment Solutions Limited						Available to	Available to All	Available to
		lential Pension Funds Ma	0	npany Limited				NPS Lite/ Swavalamban	Citizen Model*	Corporate Model*
		nindra Pension Fund Limi								
		Capital Pension Fund Lim								
		nsion Management Comp of Pension Fund is mandate		a and Auto Oh 1		10	ndiaata a -t!	of DE places and "	hot it is deems ditted	ou hove sees at a
I		uto Choice, please refer t								
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12. DECLARATION BY EMPLOYER/POP/AG	CRECATOR																			
12. DECLARATION BT EMPLOTER/FOF/AC	Applicable to Governm	ent Subscribers only																		
(Subscribe		attested by the Deptt. (All Details are Mandatory)																		
Date of Joining d d /	m m I y y y y	Date of Retirement d d I m m I y y y																		
Employee Code/ID																				
Group of Employee (Tick as applicable)	Group A Group 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		_ employed with us,																		
read entries/entries have been read over		e record of the employee maintained by us. Also, it is further certified that he/she has /her.																		
Signature of the Authorised person	Rubber Stamp of the DDO	Signature of the Authorised person Rubber Stamp of the DTO/PAO/CDDO/																		
(In the box above)	(In the box above)	(In the box above) DTA/PrAO (In the box above)																		
Designation of the Authorised Person Name of the DDO		Designation of the Authorised Person Name of DTO/PAO/CDDO/DTA/PrAO																		
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(Subscrit	Applicable to Corpora pers Employment Details to be filled and a	te Subscribers only tested by Corporate (All Details are Mandatory))																		
Date of Joining d d /		Date of Retirement $d d d / m m / y y y y$																		
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Certified that the details provided in this subscriber registration form byemployed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read view to him / her buy us and and confirmed by her.																				
have been read over to him / her by us and got confirmed by him / her. Date d d / m m / y y y Blace Blace Image: State																				
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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) 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.
- (b) 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
- (c) 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 application shall not be accepted.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (f) The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- (g) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website http://www.npscra.nsdl.co.in

S.No	Item No.	Item Details		Instru	ctions	3								
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.											
1	1	Father's Name	ii. F	f father's name has more than 30 digits, you may fill Annexuu Father's name is mandatory. However, if applicant does not nother's name on Annexure II and the mother's name will be f the applicant wants mother's name to be printed instead of	t want printe	to provide father's name, he/she has an option to provide d on PRAN card								
			S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)								
			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	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 commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.								
		Identity, Correspondence &	8	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	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								
			10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government								
				Identity card issued by Central/State government and its Departments, statuary/ 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.	11	The identity card/document with address, issued by any of 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 departments.	12	Latest Electricity/water bill in the name of the Subscriber showing the address (less than 3 months old)								
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber showing the address (less than 3 months old)								
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)								
					15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)								
			(ii) I	f the address on the document submitted for identity proof by he account opening form, the document may be accepted as f the address indicated on the document submitted for identi	a vali ty prod ined. nt, the	of differs from the current address mentioned in the account All future communications will be sent to correspondence n proof for both have to be submitted.								
		Other Details	An N	RI subscriber would need to furnish an Indian address for con	mmun	ication and bank details within India. Fund transfers by NRIs								
3	6	(Occupation Details)	-	d be subject to regulatory requirements as prescribed by RBI										
3	0	Politically Exposed Person	count		politio	been entrusted with prominent public functions in a foreign cians, senior government, judicial or military officials, senior c.								
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containin 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 of bank certificate containing Name, Bank Account Number and IFS code should be submitted.											
5	8	Subscriber's Nomination Details	not b			nominees must be integer. Decimals/Fractional values shall all the nominees must be equal to 100. If sum of percentage								
6	12	Declaration by Subscriber		e nodal officer with the official seal and stamp. Left Thumb Ir		in the form. Thumb impression, if used, should be attested sion in case of male and Right Thumb Impression in case of								
				General Information for Subscribe	rs									

) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.

- b) 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://www.npscra.nsdl.co.in

Call: 022-2499-4200

e-mail: info.cra@nsdl.co.in

Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

Annexure II to CSRF 1

ADDITIONAL REQUEST DETAILS

1.	Name of Father (required if na	ame	exc	eeds	30	char	acter	s an	d not	able	e to b	e co	vere	d on	page	e 1 c	of the	app	licati	on fo	orm)						
	First Name																										
	Middle Name																										
	Last Name																										
2.	Name of Mother (required on	ly if	the a	appli	cant	wan	ts mo	other	's na	me t	to be	print	ed i	nstea	ad of	Fath	ner's	nam	e on	PR/	AN C	Card)					
	First Name																										
	Middle Name																										

3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, please note that the manner in which the names are provided in this annexure will be displayed on the PRAN card. However, date of birth will be printed in English only. All the given below fields are mandatory.

	Subscriber's Full Name in Hindi	Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.
First Name		
Middle Name		
Last Name		

	Name:
	Place:
Signature/Thumb Impression* of Subscriber in black ink	Date: d d / m m / y y y y

(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

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.

1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
2. Present Communication address of the nomi	nees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee d d I m m I y <th< th=""><th>2nd Nominee d d / m m / y y y y</th><th>3rd Nominee d I m m y y y y</th></th<>	2nd Nominee d d / m m / y y y y	3rd Nominee d I m m y y y y
4. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
5. Percentage Share:		·
1st Nominee %	2nd Nominee %	3rd Nominee %
6. Nominee's Guardian Details (Only in case of a	minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
Dated this day of		nature/ Thumb Impression* of the Subscriber

*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 DDO/POP-SP/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 DDO/POP-SP/NL-CC	Signature of the Authorised Person
DDO/POP-SP/NL-CC Registration Number		Designation of the Authorised Person :
		DDO/POP-SP/NL-CC Office Name :
Date d d / m m / y y y		
TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO		PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number
		(Allotted by CRA):
Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO		Signature of the Authorised Person
		Signature of the Authonseu Person