NATIONAL PENSIO	N SYSTEM (NPS) -	SUBSCRIBER REC	SISTRATION FORM	
	ing Agency (CRA) – NS			
Please select your category [Please tick(✓)]	Central Govt.	State Govt. Corporate Sector	NPS Lite (GDS)	Affix
To, National Pension System Trust. Dear Sir/Madam,	(THE CHE (COO)	recent colour photograph of 3.6 cm × 2.6 cm size / Passport size
hereby request that an NPS account to				F45 \$P011 \$126
" indicates mandatory fields. Please fill KYC Number, Retirement Adviser Co	the form in English and BLOCK lette	ers with black ink pen. (Refer general gui	dolines at instructions page)	`
KYC Number (if applicable)	ate the copy are thanks the total are the		Generated from Central KYC Registry	
Retirement Adviser Code (If applicable	e)	<u> </u>	The state of the s	
1. PERSONAL DETAILS: (Pies	se refer to Sr. No.1 of the instruction	18)		
Name of Applicant in full First Name*	Shri Smt. [Kumari 📋		
Middle Name				
Last Name				
Subscriber's Maiden Name (if an	y)			
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 PR	AN card. In case, mother's name to be	printed instead of father's name I Pla	ease lick (🗸) }	ł
Date of Birth*	1 1		ild be supported by relevant documen	lary proof)
City of-Birth*	•	•		l:
Country of Birth*				
Gender* [Please tick ()] Marital Status*	Male Female Unmarried	***	Nationality* In-Indian	:
Spouse Name*	Married Unmarried	Others		
(Refer Sr. No. 1 of instructions)				
Residential Status*	Indian			
_	(Any one of the documents need to	be provided along with the identific	cation number)	
Passport		Passport E	xpiry Date /	1
Voter ID Card Driving License		PAN Card	-man Fumire Data	,
NREGA JOB Card		Univing Lice	ense Expiry Date /	1
Others	Name of the ID		Ple	ase refer Sr. No. 2 of the instructions.
UID (Aadhaar)				
and authenticate my identity (Targeted Delivery of Financ Aadhaar details (physical at inactive in NPS or the timefr provided, for the purpose of	through the Aadhaar Authentication iaid and other Subsidies, Benefits at nd / or digital, as the case maybe) ame decided by PFRDA, the regule Aadhaar based authentication is en	n system (Aadhaar based e-KYC se nd Services) Act, 2016 and the also submitted for evalling services unde tor of NPS, whichever is later. I und sured by CRA registered with PFRI	A) to use my Aedhaar details for Naik rvices of UIDAI) in accordance with the d rules and regulations notified thereus Fr NPS will be maintained in NPS till lerstand that Security and confidential A till such time it is acting as CRA for	provisions of the Aadhaar inder. I understand that the the time the account is not ity of personal identity data my NPS account.
As per the amendments made un NPS. If you do not have Aadhaar i	ider Prevention of Money-Laun de rir and / or PAN at present, please ensu	g (Maintenance of Records) Secondure that these details are provided wi	d Amendment Rules, 2017 Aadhaar a thin six months of submission of this S	nd PAN are mandatory under ubscriber Registration Form.
3. PROOF OF ADDRESS (PoA		lence Address	Permanent Address	
[Please tick (), as applicable]	Passport /Driving Card/Ration Card	; License/UID (Aadhaer)/Voter ID card/NR Li/Others	EGA Job Passport /Driving License/UID (A Card/Ration Card/Others	edheer)/Voter ID card/NREGA Job
#Not more than 3 months old. Please refer Sr. No. 2 of the instruction	s Registered Leas	e/Sale agreement of residence	Registered Lease/Sala agreemen	
		tricity/Telephone Landline Bill	#Latest Gas/Electricity/Telephone	Landine Dili
4.1 CORRESPONDENCE ADDR		S. Maratini	Parallelance d'Ambre d'Arrive	political
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4.2 PERMANENT ADDRESS I		n that box in case the address is san Residential Business	ne as above. Registered Office Uns	pecified
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Name of subscriber

	CSR						
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 thereunde 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 Centra 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, 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 are 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 females)						
12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act)	COMPLIANCE (Please refer to Sr no. 8 of the instructions):						
Section I*							
NO Description of the Control of the							
US Person* Yes No	,						
Section II*	•						
For the purposes of taxation, I am a resident in the following countries and nout below or I have indicated that a TIN/functional equivalent is unavailable	ny Tax Identification Number (TIN)/functional equivalent in each country is set (kindly fill details of all countries of tax residence if more than one):						
Particulars C	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							
Tax Identification Number (TIN)/Functional equivalent Number	·						
TIN/ Functional equivalent Number Issuing Country							
Validity of documentary evidence provided (Wherever applicable)	$oldsymbol{I} = oldsymbol{I} = oldsymbol{I} + oldsymbol{I} = oldsymbol{I} + oldsymbol{I} = oldsymbol{I} + oldsymbol{I} + oldsymbol{I} = oldsymbol{I} + oldsymbol{I$						
"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 certify 28584 of the Act read.							
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 rules,							
	s well as in the documentary evidence are, to the best of my knowledge and all information that may affect the assessment/categorization of the account as						
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. a) 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 (GCI) /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) Thereby 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							
The state of the s							
Date / /							
Place : Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)							
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13. DECLARATION BY EMPLOYER			CS				
	Anniicable to Govern	mont Cubth					
Applicable to Government Subscribers only (Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory)							
Date of Joining			are Mandatory)				
	,	Date of Retirement	<i>1 1</i>				
Employee Code/ID (If applicable)		Employee Co	de/ID and PPAN are optional. If you intend				
PPAN (If applicable)		to provide, me	ention any one.				
Group of Employee (Tick as applicable) Group A Gro	Oup B Group C C	Group D				
Office							
Department	•						
Ministry							
DDO Registration Number							
DTO/PAO/CDDO/DTA/PrAO Registratio	Number						
Basic Pay		er.					
Pay Scale			•				
It is certified that the details provided in	his subscriber registration form b		_				
Ine address and employment details pro	vided above are as per the servi-	co record of the employee maintain at	employed with us, including				
he/she has read entries/entries have be	en read over to him/her by us ar	nd got confirmed by him/her.	by ds. Also, it is further defined that				
		Professional					
Signature of the Authorised person	Rubber Stamp of the DDO	Signature of the Authorised person					
(In the box above)	(In the box above)	(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 Pers					
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO					
Deptt/Ministry		Date / /					
Employee Code/ID Corporate Regd. Number (CHO No.) Allotted CBO No. allotted by CRA Certified that the details provided in this sub- employment details provided above are as per	scriber registration form by	Date of Retirement vec maintained by us Also it is further	employed with us, including the				
ntries / entries have been read over to him /	ner by us and got confirmed by h	im / her.	octuined that he / one has read the				
Date / /		Place					
			4				
Signature of the Authorised person	(in the box above)						
esignation of the Authorised Person		Rubber Stamp of the	orporate (in the box above)				
15. DECLARATION BY THE AGGREGATOR							
Authorisation by Aggregator's office (Ni Certified that the subscriber is registered w and the above declaration has been signed been read over to her/him by me.	th the aggregator and he/she has	opted to join NPS. I hereby declare th	at the subscriber is eligible to join NPS s)he has read the entries/ entries have				
Signature of the Authorised person (In the box above) Rubber Stamp of the Aggregator (In the box above)							
Name of the Aggregator							
NPS Life Account Office (NL-AO) Registration Number NPS Life - Collection Centre (NL - CC) Registration Number							
Membership No. allotted by Aggregator (if any) Place Date / /							

Receipt No. (17 dights) POP-SP Registration Number Document accepted for date of Bith Proof: Copy of PAN cand submitted YES NO KYC Compliance YES NO Countries Received: (Originals Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Self Certified (Attested) True Copies Brank Customer: (Non Inverse Verified) Brank Customer: (Non Inverse Verified) (_ '
Document accepted for date of Birth Proof: Copy of PAN card submitted YES NO KYC Compliance YES NO Members (Originals Verified) Self Certified (Attested) True Copies Identity Verification: Done Existing Bank Customer: Were hereby certify/confirm that Shri/Smt/Kum Is an existing customer of the Bank having fully opera. Saving Bank account no. In Janach and KYC norms required for opening Bank Account's matching that the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Min. In rol a 'Basic Savings Bank Deposit Account' Adhaar Based KYC Certificate: Were hereby certify that Aachaar Number of Sh/Smt/Kum. In and address mentioned on the original Aachaar card are matching with that mentioned on NPS application form. Name: Designation: Place:	TO BE FILLED BY POP-SP	M-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
Copy of PAN card submitted YES NO KYC Compliance YES NO Documents Received: (Originals Verified) Self Certified (Attested) True Copies Copy of PAN card submitted	Receipt No. (17 digits)		•	POP-SP Reg	jistration Number		
Documents Received: (Criginals Verified) Self Certified (Attested) True Copies (dentity Verification: Done Existing Bank Customer: Documents for opening Bank Customer: Inverse hereby certify/confirm that Shri/Sml/Kum at a maxisting customer of the Bank having fully opensaving Bank account no. The sequence of the Bank having fully opensaving Bank account no. The sequence of the Bank having fully opensaving Bank account no. The sequence of the Bank having fully opensaving Bank account no. The sequence of the sequence of the Bank having fully opensaving Bank account no. The sequence of the Bank having fully opensaving Bank account no. The sequence of the Bank having fully opensaving Bank account no. The sequence of the Savings Bank Deposit Account. Adhaar Based KYC Certificate: New hereby certificate in the sequence of Authorized Signatory. Pop-SP Seal Signature of Authorized Signatory Date / / In the sequence of the Subscriber: ACKNOWLEDGEMENT Issue of Receipt of Application and Contribution Amount: / / Acknowledgement Number (by CRA-FC) ACKNOWLEDGEMENT Issue of Receipt of Application and Contribution Amount: / /	Document accepted for date of E	Birth Proof:				•	
Documents Received: (Originals Verified) Self Certified (Attested) True Copies (dentity Verification: Done Existing Bank Customer: New hereby certify/confirm that Shri/Sml/Kum at branch and KYC norms required for opening Bank Account no. at branch and KYC norms required for opening Bank Account no. at 'Basic Savings Bank Deposit Account' have been fully compiled with. We further confirm that the S. B. a/c of Sh/Sml/Rum at Based KYC Certificate: New hereby certify that Aadhaar Number	Copy of PAN card submitted	YES NO	KYC Comp	liance YES	NO []		
Continue							
Interest	Identity Verification :			•			
In the series of the Bank having fully operation of the Bank having fully operation of Bank account no	·						
and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form. Name: Designation: Place:	Saving Bank account nowhich match the requirements is not a Adhaar Based KYC Certificate I/we hereby certify that Aadhaar	at	re been fully compliccount'	branch and I	O'C norms require that the confirm that the confirmation that the conf	ed for opening Bank he S. B. a/c of Sh/S	Acco
POP-SP Seal Signature of Authorized Signatory Date / / [To be filled by CRA - Facilitation Centre (CRA-FC)] Received by CRA-FC Registration Number Received at Date / / Acknowledgement Number (by CRA-FC) PRAN Alloted ACKNOWLEDGEMENT Name of the Subscriber: Contribution Amount Remitted: ₹ Date of Receipt of Application and Contribution Amount: / /	and address mentioned on the o	riginal Aadhaar card are matchi	ng with that mention	ed on NPS applica	ition form.	TO THE TOTAL OF THE PARTY OF TH	
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Received by CRA-FC Registration Number Received at Date / / Acknowledgement Number (by CRA-FC) PRAN Alloted ACKNOWLEDGEMENT Jame of the Subscriber: Contribution Amount Remitted: ₹ Date of Receipt of Application and Contribution Amount: / /							
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Stamp and Signature of the Employer/PoP:	lame of the Subscriber: Contribution Amount Remitted:	₹		т	·		
Stamp and Signature of the Employer/PoP:	Name of the Subscriber: Contribution Amount Remitted:	₹		IT			-
	lame of the Subscriber:	₹		IT			
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	Name of the Subscriber: Contribution Amount Remitted:	₹			mp and Signature	of the Employer/PoP	

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

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

left blank or the application form is printed back to back

The photograph such that it hinders

	the clear vi	sibility of the face of th	e sube	ne photograph. The photograph should not be stapled or clipp criber, the application shall not be accepted. By the applicant should be self-attested and accompanied by the		e form. If there is any mark on the photograph such that it hinders a for verification by the nodal office.			
(n)	Name and	Address of the applica	ant mentioned on the form, should match with the documentary proof submitted. soon should be verified by the designated officer of POP-SP / Nodel Office.						
S.	item No.	Item Details		Inst	tructio	ns			
		Personal Details	ii. Cu	is Form is applicable to Resident Indians and there is a sepai mently, Foreign Nationals / Other Country Individuals (OCI) a e applicant shall mention father's name and mother's name a	nd Pen	sons of Indian Origin (PIO) are not allowed to open PRAN.			
		Spouse Name	If mar	ried, spouse name is mandatory.					
1	1	Felher's Name	Father's name is mandatory. It father's name has more than 30 digits, you may fill Annexure II for the same.						
		Mother's Name		other's name is mandatory Wother's name has more than 30 digits, you may fill Annexure	ll for t	he same.			
:		Date of Birth	Pleas	e ensure that the date of birth matches as indicated in the do	cument	provided in the support.			
			5.No 1	Proof of Identity (Copy of any one) Passport issued by Government of India.	S.No	Proof of Address (Copy of any one) Passport issued by Government of India			
			2	Ration card with photograph.	2	Ration card with photograph and residential address			
:	:	4	3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address			
ŀ			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	x 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.			
		ldentity.	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			
		Correspondence & Permanent address	9	Aadhar Card / letter issued by Unique Identification Authorit of India	y 9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address			
		details	10	Job cards issued by NREGA duly signed by an officer of the State Government	e 10	Job cards issued by NREGA duly signed by an officer of the State Government			
	2,3&4		11	Identity card issued by Central/State government and it Departments, statuary/ Regulatory Authorities, Public Secte Undertakings, Scheduled commercial Banks, Public Financia Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	al al	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 an Police department's	d 12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)			
			13	Ex-Service Man Card issued by Ministry of Defence to the employees.	ir 13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)			
ŀ			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)			

Note:

(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.

(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.

(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)

Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example, beads of state and the green many senter residistance senter greening and provided and provided as a first an entrusted with prominent public functions in a foreign country, for example, beads of state and the green many senter residistance senter greening and state.

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. For Tier I, bank details are optional. In case, subscriber provides bank details, it should be supported by cancelled cheque.

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.

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.

For more details on "investment Option", you may visit CRA website.

Subscribers from Government sector are currently not allowed to exercise the investment option. As mentioned, your contribution will be invested by default PFs as per the guidelines issued by the Government. Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the

designated 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

Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) cutsido India

Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US hit ren of whatever nationality, is also a resident

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 num. er) Declaration by subscriber on FATCA Compliance

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

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 stip signed/ stamped by the designated nodal officer where they submit the application. For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242

Politically Exposed

Person

Subscriber's Bank Details

Subscriber's

Nomination Details

Pension Fund (PF) Selection and

Investment Option

Declaration by Subscriber

10

11

12

8

Call. 022-0091722 Address: Central Recordkeeping Agency (CRA) NSDL e-Governance Infrastructure Limited 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013