	NA٦	ΓΙΟΙ	NAI	_ PE	NSI	ON	SY	STEN	Λ (N	PS)	- SUE	SCR	RIBE	R RE	GISTF	RATIC	ON FC	RM -	PRI	VAT	E SEC	TOR										
How did you hear about NPS		Fri	iend,	/ Fan	nily		Socia	al med	dia		Newsp	aper	/Mag	jazine	s	TV /	' Radio		Fin	ancia	al advis	or /ap	ps	E	mploye	er						
PRAN Card & Kit* (refer sl no.1 of instructions)		eР	RAN	l Kit				Phy	/sica	IPR/	AN Kit	1											Paste recent									
Print my PRAN in Hindi							YES	; [N)	If Yes	, plea	se s	ubmi	t detai	ls as p	er An	nexure	1				passport size									
Please select your category	/ *				İ	$\overline{}$	Cor	pora	te] /	All Citi	izen							photograph									
То																						7				n size)						
National Pension System T	rust																															
Dear Sir/Madam,																									sign ac							
I hereby request that an NF																		nage)				-	Do	not s	tapple	/ clip						
CKYC Identifier	Please fill the form in English and BLOCK letters (Refer general guidelines at instructions page). RA Code																T		T													
1. PERSONAL DETAILS:	(Re	(Refer Sr no 1 of instructions) Use Annexure II if name exceeds the											the s	pace	prov	vided	below															
Salutation*	T	Shri Smt. Kumari												•																		
Applicant Name*	F	i	r	S	t				_		1	1 i	d	d	Ιe						La	S	t									
Father's Name	F	ī	r	S	t	Ħ	=†		=			Λi	d	d	ΙÎε		=i=	Ħ	i	T	La	S	t	=	Ħ							
Mother's Name	F	T	r	S	t		=		=			ΛĪ	d	d	Ιe		=†=	Ħ	+	T	La	S	t	=	Ħ	-i-i-i						
Either Father's or Mother's na	me i	is m	and	ator	v*				Se	lect	the n	ame	toa	nne	ar on f	PRAN	Card		Fa	ther	's Nar	ne [Mothe	er's Na	ame						
Date of Birth*	d	d	Ιm		у	у	у	у																								
Place of Birth*					É		-	-				-	1						_				-									
Country of Birth*	-	-	-	-	-	=	=	-	-	-	-	-	-			+	=	-	+	-			-	-	-							
Gender*	-	Ma	ماد	_	For	nale		T	rans	nen/	ler ler			<u></u>			L Jatior	ality*		-		-	<u>-</u>	_	-							
Marital Status*	\vdash	4	nma	rria				' Marı		Jene	Wide	- - ναν / \/	Mida	wor		7	orcee	ianty		_	L					لسلسل						
Spouse Name* (if married)	F		r	s	t	-	-	Widi		H	Wildi	ĪM	7	T-T-	d I	e				1	La	s	t									
PAN Card*	Ė	Ė	Ė		È	=	=	=	-	-	0		1) furni				S.	L bmir		-11	بان	orm 6	O ic m	andatory						
Income Range (per annum		ـــا	<u>ا</u>	<u>ا</u>	اسا	to 5	_			, 												I FAIN				anuatory						
Occupation Details*	"	7						_			to 10 r 🔲				ac to			5 oyed	lac t		Cr mema	ا سمیار		ove 1								
Please Tick If Applicable								erso							ally e						mem ase re											
2. PROOF OF IDENTITY A	ND	_								f ins						•	·															
Passport			Π			П					Р	assp	ort E	Expir	y Date	2			d d	m	m	у ј	у	у								
Driving License			Ī				Ī	Ī	Ī		<u> </u>	rivin	ng Li	cens	e Expi	ry Da	te	(d	m	m y	у	-	у								
Voter ID Card											P	roof	of p	osse	ssion	of Aa	dhaar		Ţ		Pi	ovide	vide last four digits									
NREGA Job Card			<u></u>					_				-	-			PoP Certificate (refer section 12)																
National Population Regist		_	<u></u>	L.			_			<u>L</u> .				Щ								(ref	er se	ction 1	.2)							
3. ADDRESS DETAILS* (A	s pe	er th	ie p	root	suk	omit	ted	I) 	7	_	T-T-	7	-	T-T-		T-T	7	ı i	-T-	7-	TT-	7-7		-7-	T-T-	1-1-1						
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Line 2 District	-	-	H	-		-	=	-	+	-		+	-	Ctat	e/U.T.	-	_ [V			a	g e		C	i t	У							
Country	-	-	⊨	H	-	=	=	-	-	-		-	-	Jolai	e/U.1.	-	=	-	-	-	PIN C	ode	-									
4. CONTACT DETAILS*	-	-	-	_			_ \			_			1								1 (.ouc				اخطاط						
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Email ID*		Ī	T				=		Ī								_[_		Ì			İ		Ì	İ							
5. BANK DETAILS* (Proof	to					Refe	er Sr	r no.	3 of 1	the i	nstru	ction	ns)																			
Account Type		Sa	ving	js A	/c	L	Cu	ırrent	t A/c	7	7	7	- T	7	7	7		7		7	7	7			T	-1						
Bank A/c Number							_[
Bank Name	C*	(D-6	0		4	اء ع		ot .		C)							IFS Co	ode														
6. NOMINATION DETAIL: A. The nomination shall be in fa											her fa	nilv. I	For n	omin	ating n	nore th	nan on	e perso	n. su	bmit	Anne	cure III										
B. A fresh nomination shall be n								_	_			-,							,						-							
Nominee Name	F	i	r	S	t							М	įį	d	d I	e					La	S	t									
Relationship											Age	2		D	ate of	Birth	(In ca	se of I	Minc	or)	D [7	М	М[/	ΥΙ	/ Y Y						
Name of Guardian	F	I	r	S	t					L		M	I	d	d I	e				L	La	S	t									
(if nominee is a minor) 7. SELECTION OF PENSIC)N I	FUN	ND ((PF)	AN	DI	V F	STM	1ENT	СН	OICE	* (R	efer	Srno	, 5 of	the ir	nstruc	tions)														
Maximum equity allocation u																				erce	ntage :	share i	in eq	uity.								
2. All Citizen: Selection of one P				•				•							- 1	ed, fur	nds wil	l be inv	este	d in A	luto Ch	oice (LC 50)).								
3. Corporate Model: The PF / Inv								cised i k (√) c		sulta	ation v	ith y	our E	mplo	yei.		li	nvestr	nent	· Chr	nice (P	اوعده	Tick	(1) on	e)							
-	, 61	UIC		ai iu	(1.1)	case	1101	ι. (V) C	, i i e)							1		Choice								below						
Aditya Birla Sunlife Pens	ion	Mgr	nt Li	td				HDF	C Pe	nsior	n Mgn	nt Co	Ltd		E (l			(Upto 1						Upto 5		Total						
ICICI Prudential Pension	Fun	ıds N	Mgm	nt Co	Ltd	Ī					dra Pe			nd Ltd	9	6 Equit	y 9	Corp B	onds		% Govt	Sec	%	Alt Ass	ets	100%						
SBI Pension Funds Privat	te Lt	:d						LIC	Pensi	on F	und L	td									OR											
UTI Retirement Solution	s Lto	t						Any	othe	er (pl	ease r	nenti	ion)				Auto C	hoice	sel	ect o	ne life d	ycle fu	ınd b	elow								
															Co	nserv	ative(L	C25)	_ N	1ode	rate (L	C50)		Aggre	ssive(LC75)						
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8 Activate my Tier- II account	(Please tick (√) to activate) (Re	efer Sr no 7 of instruction	ons) Providing	PAN is man	datory							
with the same bank, nominee &		th different bank/nomir			•							
9. FATCA* (Foreign Account Tax Co				ano do poi 7 in	iloxaro IV							
I am a tax resident of India and	d not resident of any other country	I am a tax resident o	f the country/ies men	tioned below								
US Person Yes	No											
Partio	 culars	Country (1)	Co	ountry (2)	Country (3)							
	s of Tax Residency	=======		, , , , , , , , , , , , , , , , , , , ,								
	Address Line 1											
Address in the jurisdiction for Tax	City/Town/Village											
Residence	State ZIP/Post Code											
Tax Identification Number (TIN)/PAN/Fu												
TIN/PAN/Functional equivalent Number	·											
Validity of documentary evidence provi	ded (Wherever applicable)	ddmmyyyy	do	lmmyyyy	ddmmyyyy							
and hereby confirm that the inform accept the same.	uirements of this Form (read along with ation provided by me/us on this Fo			hv	gnature / Thumb Impression* of Applicant (refer instructions)							
10. DECLARATION BY APPLICANT*	(Refer Sr no 7 of instructions)											
me are true and correct, to the best of my Trust. I do not hold any pre-existing accommodation or documents. Declaration under the Prevention of North I hereby declare that the contribution princome. I understand that NPS Trust has authorities. I further agree that NPS Trust to prevention of money laundering.	y knowledge. Any changes in the informa ount under NPS. I understand that I shall be Money Laundering Act, 2002 paid by me/on my behalf has been deri s the right to peruse my financial profile has the right to close my PRAN in case I a	tion furnished by me shall be fully liable for submissio wed from legally declared e or share the information	be infomred to CRA / In of any false or incorranged and assessed sources with other governments.	s of ent ing Signat (*LTI in c	ase of males and RTI in case of females to be							
				pro	vided. Toe impression in case no hands)							
11. DECLARATION BY EMPLOYER (A	l Details are Mandatory)											
Date of Joining	d d m m y y y y	Date of Retirement	d d m m y	у у у								
Employee Code/ID			Non-mandate	ory if not availa	able							
CHO Registration Number	CBC	Registration Number										
It is certified that details provided above are as per the se and got confirmed by him/her.		•	· ·	-								
Name of the Authorised Person												
Designation of the Authorised Person												
Date	ddmmyyyy											
Place			Signature of Autho	rised person	Rubber Stamp of the Employer							
12. TO BE FILLED BY POP*												
Receipt No. (17 digits)												
POP Registration Number	POF	2-SP Registration Number										
Documents Received:												
operative Bank/ Demat/ Folio/ branch/o		the account) having acc with us for this customer	ount number /client /client matches the	IDrequirement for	maintained at or opening NPS account and are in							
Name of the Authorised Person												
Designation of the Authorised Person												
Date	terms and conditions of the National Pension System. The information and documents furnished by sto fmy knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS in a caccount under NPS. I understand that I shall be fully liable for submission of any false or incorrect ion of Money Laundering Act, 2002 Dutton paid by me/on my behalf has been derived from legally declared and assessed sources of rust has the right to peruse my financial profile or share the information, with other government PS. Trust has the right to close my PRAN in case I am found violating the provisions of any law relating ing. Signature / Thumb Impression* of Applicant (*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands) YER (All Details are Mandatory) A Date of Retirement											
Place			Signature of Autho	rised person	Rubber Stamp of the PoP							
				<u> </u>	·							
		ACKNOWLEDGEMENT										
Name of the Subscriber:												
Application Receipt Date	d m m y y y y			Stamp and S	Signature of PoP							
Initial Contribution Amount: Mode of Payment Cheque/DD Debit Instr	uction Cash											

KFINTECH

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

(a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by PoP/PoP-SP are liable to be rejected.

(b) Copies of documents submitted by the applicant should be self-attested.(c) Applicant is advised to retain the acknowledgment slip signed/stamped by the PoP/PoP-SP office.

Sr. No	Item No	Item Details	Instructi	ions
			In case a subscriber opts not to have a physical PRAN Card or Welcome	Kit, reduced account opening charges of CRA are applicable as under:
		Option for PRAN	Account opening with Physical PRAN card (in Rs.)	Account opening with ePRAN card (in Rs.)
		Card and Kit	Rs. 39.36 (Excludes applicable Charges)	₹ Rs.4.00 * (Excludes applicable taxes)
_	_	=	· · · · · · · · · · · · · · · · · · ·	
1	1	Father's Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same.(b) If the applicant is an Orphan, he/she may leave the fields blank. However,	, an official document to support the status to be submitted.
		Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been engovernment, senior politicians, senior government, judicial or military official officials.	· · · · · · · · · · · · · · · · · · ·
2	4	Proof of Identity and Address	If the applicant is submitting Aadhaar as proof of Identity and Address, the fis submitted copy	rst 8 digits of the Aadhaar number should be redacted / masked on the
3	5	Bank Details	For Tier I & Tier II account, bank details and documentary proof are mand statement / bank certificate / letter from Bank containing Applicant's Name, I	• • • • • • • • • • • • • • • • • • • •
4	6	Nomination Details	Any nomination made in favour of a person not belonging to family shall be and any nomination made before such marriage shall deemed to be invalid	, , , ,
5	7	Selection of Pension Fund (PF & Investment Choice	per the matrix given below. Applicants above 50 years of age should allo Equity Matrix - Active Age (years) Upto 50 51 52 53	54 55 56 57 58 59 60 & above 65 62.5 60 57.5 55 52.5 50
6	8	FATCA & CRS Declaration	Clarification / Guidelines on filling details if applicant residence for tax purpo Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citize purpose in USA. Tax identification Number(TIN): TIN need not be reported if it has not been high integrity number with an equivalent level of identification (a "Functions for individual include, a social security/insurance number, citizen/personal id In case applicant is declaring US person status as 'No' but his/her Country be provided or reasons for not having relinquishment certificate is to be prov In case applicant is declaring US person status as 'Yes', provide PAN and 'fat	en, every US citizen of what ever nationality, is also a resident for tax issued by the jurisdiction. However, if the said jurisdiction has issued a al equivalent"), the same may be reported. Examples of that type of number dentification/services code/number and resident registration number) of Birth is US, document evidencing Relinquishment of Citizenship should vided.
7	9	Tier-II activation	Asset Class A is not available under Tier-II. In case Subscriber has selected to activ Tier-I whereas he/she has chosen allocation in Asset Class A for Tier-I account, the asset allocations	
8	10	Declaration / Signature by Applicant	In case the applicant is unable to affixed signature, Left Thumb Impression in be affixed and in case there is no hands, toe impression of the applicant to persons, one of whom should be the authorised official of PoP attesting the s	be provided. The thumb / toe impression should be attested by two

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



	Annexure	s - S	ub	SC	:rik	er	Re	gis	trat	ion	Fo	rm f	for I	Priv	ate	e Se	ecto	or a	ppl	ica	nts	(T	ick	and	lil k	lap	plio	abl	e a	nne	טאנ	ıres	s be	elov	N)				
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Mi	ddle Name																														\perp								
Las	st Name			T				Т		Π															Π	Τ	Τ	Τ	Τ	T	T	\Box			П				\neg
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	Annexure IV - Activ	ate	Tie	er-	(wit	th [)iffe	erer	nt Ba	ank/	Nor	nina	atio	n/l	nve	stm	ent	: De	tails	s - t	ick a	and	fill	as a	app	lica	ble])										
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