NATIONAL PENSION Central Recordkeeping					-		-															F	DR	M							
Please select your category [Please tick(✓)]		Ce	entra entra I Citi PS L	l Au izen	uton Mo		us I	Bod	ly					Sta	te A	Sovi Auto rate	nor			ody	,]			5 cn	t ph	2.5 c	m s	h of ize /
To, National Pension System Trust. Dear Sir/Madam,			سمال				r th o	201	ioula		iuon l	halav																			
I hereby request that an NPS account be * indicates mandatory fields. Please fill the				-										fer ae	neral	auide	lines a	at inst	tructio	ns pa	ae)				H						
KYC Number, Retirement Adviser Cod																															
KYC Number (if applicable)	_	_														Ge	nera	ted f	rom	Cent	ral K	YC F	Regis	stry							
Retirement Adviser Code (If applicable))	_	<u> </u>			<u> </u>				<u> </u>															_						
1. PERSONAL DETAILS: (Please	refe	r to	Sr. N	lo.1	of the	e inst	ructio	ons)					_																		
Name of Applicant in full	S	Shri	Ļ	_	_	Sm	t		1	Kı	umar	ri _			1	1	1	_	_	_	_	_			_						
First Name*		<u> </u>		_	+	<u> </u>				<u> </u>								_	_	+	<u> </u>	+	+	+	+	_					
Middle Name		H		_	 					<u> </u>										+	+	+		+	+	_					
Last Name	L	<u> </u>		<u> </u>	<u> </u>														<u> </u>	+	<u> </u>				+	_					
Subscriber's Maiden Name (if any)	بـــار			<u> </u>	<u> </u>	<u> </u>				<u> </u>											<u> </u>	<u> </u>			<u> </u>	_					
Father's Name*	F	İ	r	S	t								M	i	d	d		е							-	а	S	t			
(Refer Sr. No. 1 of instructions) Mother's Name*	F	Γi	r	S	l t								M	li	d	d		е	Т	Т			Т		Т	а	S	t			
(Refer Sr. No. 1 of instructions)										4.									~ -												
Father's name will be printed on PRAI	N car	d. Ir	n case	e, mo	otner'	s nam	ne to	pe p	rinte	dins	tead o				-					_	rola	·0-1	do-	um c	.+-	.,	00£,				
Date of Birth*	Cl	C	/	m	m	/	У	У	У	У		(Da	ite 01	BIR	ıı sn	ouid	be s	upp	опе	u by	i eiev	rant 	docu	ımer	ııar	y pr	uot)				
City of Birth*	<u> </u>	<u> </u>	<u> </u>	<u> </u>	+	<u> </u>				<u> </u>	<u> </u>					<u> </u>	<u> </u>	<u> </u>	+	+	+	+	+	+	+	_					
Country of Birth*	L.		<u> </u>		<u> </u>	<u> </u>	_	<u> </u>			_	<u> </u>				NI-	4:	- 124				Ļ		\perp							
Gender* [Please tick (✓)] Marital Status*	Mal			7		emal	_		1		ers [_			Na	tion	ality	<i>/</i> ^			Ind	dian								
Spouse Name*	Mar	me	u _]		nma	med]		Othe	15	IV/I		d	d				_	_	_	_		\top	2	0	+			
(Refer Sr. No. 1 of instructions)				5	-								IVI		u	u										a	0	L			
Residential Status*	Indi	ian																													
2. PROOF OF IDENTITY (Pol)* (Δηνι	one	of th	e do	cum	ente r	need	to h	e nr	ovide	ed alc	na v	with t	the id	denti	ificat	ion r	numb	her)												
Passport	Ally C						leeu	10 0	Pit	Vide	Ju aic	Jilg v	_			Exp			_		Ld	Id	1	Im		m	1	V	\/	1/	V
Voter ID Card			+	\vdash	-									AN (пус	Jaic	; 	Т	u	u	+'		+	-	1	У	У	У	У
Driving License																cens	se E	ıiqx	rv D	ate	d	d	1	m		m	7	V	V	V	V
NREGA JOB Card															<u> </u>				, –								•	,			J
Others	Nar	me	of th	ne II)										1	D		N	U	m	b	е	r	Ple	ase	refer	Sr. N	0.20	f the i	nstruc	tions.
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OID (Aadriaar)	Л[А	lau	naai	j nu	пре	1 110	req	luire	:u.)																						
As per the amendments made under Pre at present, please ensure that these det																		9, PA	AN or	Form	60 is	s mai	ndato	ry un	der	NPS	.If yo	ou do	not I	nave	PAN
3. PROOF OF ADDRESS (PoA)	*				С	orre	spo	nde	nce	Ad	dres	ss							Per	man	ent	Ad	dres	ss							
[Please tick (✓), as applicable]					Pa	sspor	t /Driv	ing L	icens	se/UII) (Aad		/Vote	r ID	card/l	NREG	A Jo							UID (Aad	lhaar)/Vot	er ID	carc	/NRE	GA Job
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions						ard/Ra egister					ment o	of resid	dence	e/Mur	nicipa	l Tax				Ratio stered			ers e agr	eeme	nt o	f resi	idenc	ce/Mu	ınicip	al Ta	ζ
Flease felet 31. No. 2 of the instructions						eceipt atest	Pined	Gas/	Wate	r/Fled	ctricity/	/Teler	hone	l and	dline (or nos	stnaid		Rece #Late		ed G	as/W	ater/F	lectri	city/	Telei	nhon	e[l ar	ndline	or no	ostpaid
						obile] I			******	17 2100	oti ioity/	10100	7110110	/LCIN	JIII 10 V	or poc	rpaid			e] Bill		00/11	ut017 L		Oity,	1010	piloli	oլLui	TO III TO	or po	
4.1 CORRESPONDENCE ADDR	ESS	DE	ΕΤΑΙ	LS*																											
Address Type*	Res	side	entia	I/Bu	sine	ss		Re	esid	entia	al		Вι	ısine	ess		R	egis	stere	ed O	ffice		٦.	Jnsp	ec	ified	d [
Flat/Room/Door/Block no.			Т	Τ	Т													ndn			Т	T		T	Т	Т					
Premises/Building/Village			+															T	T	Ι	+	+	+	+	$^{+}$	$\overline{}$		_			\Box
Road/Street/Lane			1	+	+					<u> </u>									1	+	1	1	+	+	$^{+}$	$^{+}$					H
Area/Locality/Taluk			+	<u> </u>	+														$^{+}$	+	$\frac{1}{1}$	$\frac{1}{1}$	+	+	+	+					\vdash
City/Town/District			+	<u> </u>	+														+	+	\perp	DIN	Co	de.	+	+	1				\dashv
State/U.T.			+		+														+	+	+	1 118		uc	+	n	+	r	\/		\forall
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4.2 PERMANENT ADDRESS DE	TAIL	_S*				Tic	k (✓)	in th	ne bo	ox in	case	e the	add	ress	is sa	ame	as a	bove	e.												
Address Type*	Res	side	entia	I/Bu	sine	SS		Re	esid	enti	al		Вι	ısine	ess		R	egis	stere	ed O	ffice		l	Jnsp	ес	ifie	_ b				
Flat/Room/Door/Block no.																	La	ndn	nark												
Premises/Building/Village																								I	Ι						
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State/U.T.			Ì	Ì	Ì														Ť	Ì	Ť	С	0	U	Ť	n	t	r	У		

5. CONTACT DETAILS								
Tel. (Off) (with STD code) +	Tel. (Res): (with STD code) +							
Mobile* (Mandatory) + 9 1	(Mobile Number is required for communication and to get SMS alerts)							
Email ID								
6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)								
6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions) ▶ Occupation Details* [please tick(✓)]								
Private Sector Public Sector Government Se	ector Professional							
Self Employed Homemaker Student	Others (Please Specify)							
▶ Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 lac	5 lac to 10 lac 10 lac to 25 lac 25 lac and above							
	SC Graduate Masters Professionals (CA, CS, CMA, etc.)							
▶ Please Tick If Applicable Politically exposed person □	Related to Politically exposed Person (Please refer instruction no.3)							
7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)								
(All the bank details are mandatory except MICR Code.)								
	urrent A/c							
Bank A/c Number								
Bank Name								
Branch Name								
Branch Address	PIN Code							
State/U								
Bank MICR Code	IFS Code							
8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5	of the instructions)							
Name of the Nominee (You can nominate up to a maximum of 3 nominee:	s and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)							
First Name	Middle Name Last Name							
Relationship with the Nominee	Date of Birth (In case of Minor)							
	Nominee's Guardian Details (in case of a minor)							
First Name	Middle Name Last Name							
9. NPS OPTION DETAILS (Please tick (✓) as applicable)								
	/es, please submit details in Annexure I.							
POP-SPs rendering services under NPS and Annexure S10 is available on CRA v	lication (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/vebsite)							
I would like my PRAN to be printed in Hindi YES NO If	Yes, please submit details on Annexure II							
10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION	* (Please refer to Sr no. 6 of the instructions)							
(i) PENSION FUND SELECTION (Tier I): Please read below or	anditions before opting for the choice of Pension Funds:							
Government Sector: The following Pension Funds (PFs) will act	ointly as default PFs, if choice is not exercised by the government employee/subscriber							
	c) UTI Retirement Solutions Ltd.In case of Central Autonomous Bodies (CAB)/ State Government under this section will be ignored, if choice to employees is not notified by the respective State							
Govt/Ministry.								
 All Citizen Model: Subscribers under All Citizen model have the o Corporate Model: Subscribers shall have the option to choose the a 	ption to choose the available PFs as per their choice in the table below. vailable PFs as per the below table in consultation with their respective Employer.							
•	a choice of PF and investment option as available with Aggregator.							
Name of the Pension Fund (Please select only one)	Please Tick (✓) Default Choice of Pension Funds							
LIC Pension Fund Limited								
SBI Pension Funds Private Limited	Available in Government sector, if employee/subscriber does not exercise choice of PF							
UTI Retirement Solutions Limited	5,10,65 5,71							
ICICI Prudential Pension Funds Management Company Limited								
Kotak Mahindra Pension Fund Limited								
HDFC Pension Management Company Limited								
Birla Sunlife Pension Management Limited								
* Selection of 01 Pension Fund is mandatory for All Citizen subscriber								
(ii) INVESTMENT OPTION								
(Please Tick (✓) in the box given below showing your investment option	1).							
Active Choice Auto Choice								
Please note:	against Auto Chaine fill up gosties (iv) halour							
 In case you select Active Choice fill up section (iii) below and if you In case you do not indicate any investment option, your funds will to 								
3. In case you have opted for Auto Choice and fill up section (iii) belo	w relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will							
be made as per Auto Choice (LC 50).								

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((iii)	ACTIVE CHOICE - ASSET ALLOCATION	(to be filled ui	only	v in case vo	ou have selected '	'Active Choice	e' the investment of	otion)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class
Specify %					100%	A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.
Choices in Govt sector	Not available Available		Not available	In case	of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

Name of subscriber

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)	Please Tick (✓)	Choices in Govt								
Funds	Only One	sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset							
LC 75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset							
LC 50		Available	 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total as 4. Govt. employee can exercice Auto Choice of Asset Allocation for LC 25 & LC 50 only 							
LC 25		Available								

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):							
Section I*							
US Person* Yes No No							
Section II*							
For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is sout below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):							
Particulars		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 e	quivalent Number						
TIN/ Functional equivalent Number Issuing C	Country						
Validity of documentary evidence provided (Wh	erever applicable)	dd I mm I yyyy	dd I mm I yyyy	dd I mm I yyyy			
"I certify that: a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise. c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign. d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence, e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period. f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domair for confirming the information and/or documents as t							
Date d d / m m / y y y	у						
Place :			Signature/Thumb Impression ³ (* LTI in case of male and				

CSRF

CSKI									
12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instruction	ne)								
Declaration & Authorization by all subscribers	is)								
-	and hereby agree to the same along with the PERDA Act, regulations framed thereunder								
I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDAAct, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.									
	I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view								
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 d d / m m / y y y y									
Place :									
	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)								
13. DECLARATION BY EMPLOYER									
Applicable to Governm	nent Subscribers only								
(Subscribers Employment Details to be filled and	-								
Date of Joining d d / m m / y y y y	Date of Retirement								
Employee Code/ID (If applicable)									
PPAN (If applicable)	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.								
Group of Employee (Tick as applicable) Group A Group	o B Group C Group D								
Office									
Department									
Ministry									
DDO Registration Number									
DTO/PAO/CDDO/DTA/PrAO Registration Number									
Basic Pay Pay Scale									
It is certified that the details provided in this subscriber registration form by	ce record of the employee maintained by us. Also, it is further certified that								
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	Designation of the Authorised Person								
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO								
Deptt/Ministry	Date d d / m m / y y y y								
14. DECLARATION BY EMPLOYER/ CORPORATE									
Applicable to Corpora (Subscribers Employment Details to be filled and a									
Date of Joining d d / m m / y y y y	Date of Retirement								
Employee Code/ID									
Corporate Regd. Number (CHO No.) Allotted by CRA									
CBO No. allotted by CRA									
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the employment entries / entries have been read over to him / her by us and got confirmed by	employed with us, including the byee maintained by us. Also, it is further certified that he / she has read the him / her.								
Date d d / m m / y y y y	Place								
Cignotius of the Authorized general Reliable (A.)									
Signature of the Authorised person (In the box above)									
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)								

15. DECLARATION BY THE AGGREGATOR						
	Applicable to NP	S Lite Subso	cribers			
Authorisation by Aggregator's office	(NL - AO)					
9	00 0		•	e that the subscriber is eligible to join NPS er (s)he has read the entries/ entries have		
Signature of the Authorised pe	erson (In the box above)		Rubber Stamp of the Ag	gregator (In the box above)		
Name of the Aggregator						
NPS Lite Account Office (NL-AO) Registration	Number NF	S Lite - Collecti	on Centre (NL - CC) Registrat	ion Number		
Membership No. allotted by Aggregator (if an	y)					
Place	Date d d / m m /	у у у у				
16. TO BE FILLED BY POP-SP						
10. TO BETTELLED BY TOT OF						
Receipt No. (17 digits)			POP-SP Registratio	n Number		
Document accepted for date of Birth Pr	oof:					
Copy of PAN card submitted YES	NO K	YC Complia	nce YES NO			
Documents Received: (0	Originals Verified) Self Certified	(Attested	d) True Copies			
Identity Verification : D	one					
Demat/Folio/account (spr The KYC documents available with us RulesI/We further confirm that the Savir Bank PoP) Adhaar Based KYC Certificate:	ecify nature of the account) having for this customer/client matches to the service of Sh/Smt/Kum	account nur he requiremeis r	nber/client ID ent for opening NPS ac ot a 'Basic Savings Bar	re applicant is having an operative Bank/maintained atbranch/office. recount and are in compliance with PMLA nk Deposit Account (applicable in case ofhas been checked and the name rm.		
To be filled by POP-SP			Name:			
			Designation:	Place:		
POP-SP Seal	Signature of Authorized Signa	atory	Date d d / m	n m I y y y y		
	[To be filled by CRA - Fac	ilitation Cer	ntre (CRA-FC)]			
Received by	CRA-	FC Registratio	n Number			
Received at			Date	d d 1 m m 1 y y y		
Acknowledgement Number (by CRA-FC)				7		
PRAN Alloted						
	A CKNOW!	EDCEMENT				
Name of the Subscriber:	ACKNOWL	EDGEMENT				
Contribution Amount Remitted:	₹					
Date of Receipt of Application and Conti	HIDURION AMOUNT: [a] a [7] M	<u>григр / у</u>	<u> </u>			

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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

In case, you mention the KYC number submission of proof for the same is necessary.

Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are

left blank or the application form is printed back to back
The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office

Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted. The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

		criber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.									
S. No	Item No.	Item Details		Instructions							
		Personal Details	i. Th ii. Cu iii. Th	is Form is applicable only for Resident Indians. There is a sep rrently, Foreign Nationals / Other Country Individuals (OCI) ar e applicant shall mention father's name and mother's name ar	arate F nd Pers nd sha	Form for Non Resident Indians & Overseas Citizen of India. sons of Indian Origin (PIO) are not allowed to open PRAN. Il select the option to be printed on PRAN Card.					
		Spouse Name		ried, spouse name is mandatory.							
1	1	Father's Name		ther's name is mandatory. ather's name has more than 30 digits, you may fill Annexure II	for the	e same.					
		Mother's Name	ii. Mother's name is mandatory iii. If Mother's name has more than 30 digits, you may fill Annexure II for the same.								
		Date of Birth	Pleas	e ensure that the date of birth matches as indicated in the doc	ument	provided in the support.					
			S.No		S.No						
			1	Passport issued by Government of India.	1	Passport issued by Government of India					
			3	Ration card with photograph. Bank Pass book or certificate with Photograph.	3	Ration card with photograph and residential address Bank Pass book or certificate with photograph and residential address					
			4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing 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.					
			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					
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Authority of India		Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address					
		Permanent address details	10	Job cards issued by NREGA duly signed by an officer of the State Government		Job cards issued by NREGA duly signed by an officer of the State Government					
2	2, 3 & 4		11	Identity card issued by Central/State government and its Departments, Statutory/ 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.		The identity card/document with address or letter of allotment of accomodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companises for their employees.Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.					
				Photo. Identity Card issued by Defence, Paramilitary and Police department's		Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)					
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)					
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old) Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)					
			op (ii) If t for & I (iii) Th	ening form, the document may be accepted as a valid proof on the address indicated on the document submitted for identity part, a separate proof of address should be obtained. All future co Permanent address are different, then proof for both have to be KYC documents may be submitted within a period of 30 days.	f both i proof d mmuni e subm ys after	iffers from the current address mentioned in the account opening locations will be sent to correspondence address. If correspondence intention in the correspondence in the corr					
3	6	Politically Exposed Person	exam	ole heads of state or of the government, senior politicians, sed corporations, important political party officials.	nior go	overnment, judicial or military officials, senior executives of state-					
4	7	Subscriber's Bank Details	Subso Name	ning Subscriber Name, Bank Name, Bank Account Number a riber name, a copy of bank passbook or bank statement or l , Bank Account No. and IFS Code should be submitted.	nd IFS bank c	ported by a documentary proof. Please attach a cancelled cheque Code. If cheque is not available or cheque is not preprinted with ertificate or letter from Bank mentioning Subscriber Name, Bank					
5	8	Subscriber's Nomination Details	ассер 100, є	ted in the nomination(s). Sum of percentage share across all tentire nomination will be rejected.	the nor	minees must be integer. Decimals/Fractional values shall not be ninees must be equal to 100. If sum of percentage is not equal to					
6	10	Pension Fund (PF) Selection and Investment Option	Actice the ch	: Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto (Choice	nds and allocate their investments either in Asset Class'G' under' '. In case a Government employee/subscribers does not exercises 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI					
7	11	Declaration by subscriber on FATCA Compliance	Clarifi Ju for Ta iss of	cation / Guidelines on filling details if applicant residence for ta risdiction(s) of Tax Residence: Since US taxes the global incon tax purpose in USA. x identification Number (TIN): TIN need not be reported if it ha sued a high integrity number with an equivalent level of identifithat type of number for individual include, a social security/insi sident registration number)	ne of its s not b cation urance	oses in jurisdiction(s) outside India scitizen, every US citizen of whatever nationality, is also a resident een issued by the jurisdiction. However, if the said jurisdiction has (a "Functional equivalent"), the same may be reported. Examples number, citizen/personal identification/services code/number and account Number (PAN) to be provided as Tax Identification Number (TIN)					
8	12	Declaration by	• In Ci	case applicant is declaring US person status as 'No' but hi tizenship should be provided or reasons for not having relinqu ture / Thumb impression should only be within the box provi	s/her (ishmer ded in	Country of Birth is US, document evidencing Relinquishment of nt certificate is to be provided the form. Thumb impression, if used, should be attested by the					
	12	Subscriber		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 males and Right Thumb Impression in case of males and Right Thumb							

General Information for Subscribers

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

 Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.

c) For more information / clarifications, contact CRA:

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

Ver 1.5 Annexure A to CSRF

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation					
Upto 50	75%					
51	72.50%					
52	70%					
53	67.50%					
54	65%					
55	62.50%					
56	60%					
57	57.50%					
58	55%					
59	52.50%					
60 & above	50%					

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.