

CPO's Serial No. 79/2015.

Eastern Railway

No.E.787/0/Pen/Pt-XXVII.

Kolkata, dated 16.06.2015.


ALL CONCERNED

Sub:-Revision of Subscriber Registration Forms-New Pension System.

Copy of Railway Board's letter No.2014/AC-II/21/4 dated 21.05.2015 (RBA. No.30/2015) along with its enclosures on the above subject is sent herewith for information, guidance and necessary action.

DA: As above.

S/c


(S.K.Chattopadhyay)
Asstt.Personnel Officer/HQ
For Chief Personnel Officer

INDEX No.1058:- A new form called Common Subscriber Registration Form(CSRF-1) w.e.f. 01.04.2015 common to all sectors has been introduced w.e.f. 01.04.2015. Accordingly, Govt. Subscriber is required to submit the CSRF-1 form instead of S1 Form along with self attested copies of supporting documents which will be verified by the concerned Nodal Offices before submission to CRA-FC at the earliest.

Copy of Railway Board's letter No.2013/AC-II/21/4 dated 21.05.2015 (RBA. No.30/2015) addressed to General Managers/ FA&CAOs / CPOs, All Indian Railways /Production Units and copy to others is circulated herewith.

Sub:- Revision of Subscriber Registration Forms-New Pension System.

Railway Board's letter is enclosed.

DA: As above.

Contd...2/-

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भारत सरकार GOVERNMENT OF INDIA
रेल मंत्रालय MINISTRY OF RAILWAYS
रेलवे बोर्ड (RAILWAY BOARD)

5

RBA No. 30/2015

No. 2014/AC-II/21/4

New Delhi, dated: 21.05.2015

General Managers/FA&CAOs/CPOs
All Indian Railways and PUs.

E. R. Kolkata

Sub: Revision of Subscriber Registration Forms - New Pension System.

In order to ease the process of registration of subscribers under New Pension System, PFRDA has revised the existing Subscriber Registration Form (S1 form) and has introduced a new form Common Subscriber Registration Form (CSRF-1) from 01.04.2015 which will be common for all sectors (copy enclosed). Accordingly, the Government subscribers will be required to submit the CSRF-1 form instead of S1 Form alongwith self attested copies of supporting documents which will be verified by concerned Nodal Offices before submission to CRA - FC (Facilitation Centre). The salient features of new forms are as follows:

1. KYC documents (Address/Identity/Date of Birth proof) to be collected by the Nodal Offices alongwith CSRF-1.
2. Subscriber has an option to mention mother's name instead of father's name on the PRAN card. The details should be provided in Additional Request details (Ann II of CSRF 1)
3. Nomination details are to be mandatorily provided.
4. Alongwith DDO authorization, PAO/PrAO also needs to authorize CSRF 1 Form.

The last date for acceptance of old S1 Forms is 31.05.2015 subsequent to which only CSRF-1 form will be accepted across all CRA-Facilitation Centres (FCs).

Kindly ensure compliance and notify all concerned.

Dy. CPO (HQ)

DA: As above

(Sanjeev Sharma)

Joint Director Accounts
Railway Board

Copy for information to:

1. General Manager, PFRDA, 1st Floor, ICADR Building, Plot No. 6, Vasant Kunj Institutional Area Phase II, New Delhi - 110 070.
2. Shri Amit Sinha, Executive Vice President, National Securities Depository Ltd., Trade World, 4th Floor, 'A' Wing, Kamla Mills Compound, Senapati Bapat Marg, Lower Parel West, Mumbai.

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भारत सरकार **GOVERNMENT OF INDIA**
रेल मंत्रालय **MINISTRY OF RAILWAYS**
रेलवे बोर्ड (**RAILWAY BOARD**)

RBA No. 30/2015

No. 2014/AC-II/21/4

New Delhi, dated: 21.05.2015

General Managers/FA&CAOs/CPOs
All Indian Railways and PUs.

Sub: Revision of Subscriber Registration Forms - New Pension System.

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In order to ease the process of registration of subscribers under New Pension System, PFRDA has revised the existing Subscriber Registration Form (S1 form) and has introduced a new form Common Subscriber Registration Form (CSRF-1) from 01.04.2015 which will be common for all sectors (**copy enclosed**). Accordingly, the Government subscribers will be required to submit the CSRF-1 form instead of S1 Form alongwith self attested copies of supporting documents which will be verified by concerned Nodal Offices before submission to CRA - FC (Facilitation Centre). The salient features of new forms are as follows:

1. KYC documents (Address/Identity/Date of Birth proof) to be collected by the Nodal Offices alongwith CSRF-1.
2. Subscriber has an option to mention mother's name instead of father's name on the PRAN card. The details should be provided in Additional Request details (Ann II of CSRF 1)
3. Nomination details are to be mandatorily provided.
4. Alongwith DDO authorization, PAO/PrAO also needs to authorize CSRF 1 Form.

The last date for acceptance of old S1 Forms is 31.05.2015 subsequent to which only CSRF-1 form will be accepted across all CRA-Facilitation Centres (FCs).

Kindly ensure compliance and notify all concerned.

DA: As above

  
(Sanjeev Sharma)

**Joint Director Accounts**  
**Railway Board**

**Copy for information to:**

1. General Manager, PFRDA, 1<sup>st</sup> Floor, ICADR Building, Plot No. 6, Vasant Kunj Institutional Area Phase II, New Delhi - 110 070.
2. Shri Amit Sinha, Executive Vice President, National Securities Depository Ltd., Trade World, 4<sup>th</sup> Floor, 'A' Wing, Kamla Mills Compound, Senapati Bapat Marg, Lower Parel West, Mumbai.

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**NSDL e-Governance Infrastructure Limited**  
**Central Recordkeeping Agency**



**Circular**

Circular No.: CRA/PO&RI/Master/2015/003

March 31, 2015

**Subject: Revision of Subscriber Registration Forms**

All Nodal Offices are hereby informed that the existing Subscriber Registration Form has been revised and a new Subscriber Registration Form which is common across all sectors has been notified by Pension Fund Regulatory and Development Authority (PFRDA). The Nodal Offices are advised to use the new **Common Subscriber Registration Form** from April 1, 2015 for registration of subscribers in National Pension System (NPS).

The Nodal Office are requested to note that the subscribers are required to submit the self-attested copies of supporting documents which needs to be verified with originals by the Nodal Office before submission to CRA-Facilitation Centre for processing. The **Common Subscriber Registration Form** has been enclosed as **Annexure**. Same can also be downloaded from CRA website ([www.npscra.nsdl.co.in](http://www.npscra.nsdl.co.in)).

In case any further clarification is required in this regard, you may contact Mr. Sunny Gonsalves at 022-24994856 (E-mail ID -sunnyg@nsdl.co.in) or Mr. Avdhoot Shetye at 022-2499 4949 (E-mail ID -avdhoots@nsdl.co.in).

For and on behalf of

**NSDL e-Governance Infrastructure Limited**

  
**Mandar Karlekar**

**Asst. Vice President**

Encl: a/a

# NATIONAL PENSION SYSTEM (NPS)

## SUBSCRIBER REGISTRATION FORM

Affix  
recent colour  
photograph  
of  
3.5 cm X 2.5 cm  
size

Please Select your Category [ Please tick(✓) ]

- Government Sector       Corporate Sector  
 All Citizen Model       NPS Lite/Swavalamban

To,  
National Pension System Trust.  
Dear Sir/Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

\* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

### 1. PERSONAL DETAILS:

Name of Applicant in full      Shri       Smt.       Kumari   
First Name\*  
Middle Name  
Last Name  
Date of Birth\*      /      /      (Date of Birth should be supported by relevant documentary proof)  
Gender [ Please tick (✓) ]      Male       Female       Others   
Father's Name\*  
(Refer Sr. No. 1 of instructions)

### 2. IDENTITY DETAILS\* (Any one of the documents need to be provided)

PAN      Aadhaar      Voter ID  
Passport      Others      Please refer Sr. No. 2 of the instructions.

### 3. CORRESPONDENCE ADDRESS DETAILS\*

Flat/Room/Door/Block no.      Landmark  
Premises/Building/Village  
Road/Street/Lane  
Area/Locality/Taluk  
City/Town/District      PIN Code  
State/U.T.

### 4. PERMANENT ADDRESS DETAILS

Tick (✓) in the box in case the address is same as above.

Flat/Room/Door/Block no.      Landmark  
Premises/Building/Village  
Road/Street/Lane  
Area/Locality/Taluk  
City/Town/District      PIN Code  
State/U.T.

Proof of Address (Correspondence/Permanent)

Aadhar card       Passport       Voter ID card       Driving License       Ration Card       Registered Lease       Sale agreement of residence   
Latest Gas Bill\*       Electricity Bill\*       Telephone[Landline] Bill\*       Others (please specify)

\*Not more than 3 months old. Please refer Sr. No. 2 of the instructions

### 5. CONTACT DETAILS

Landline Phone (with STD Code)      Mobile + 9 1  
Email ID  
Do you want to subscribe to SMS Alerts : Yes       No       Mobile number is essential for receiving sms alerts regarding your NPS account

### 6. OTHER DETAILS ( Please refer to Sr no. 3 of the instructions )

Occupation Details [ please tick(✓) ]

Private Sector       Government Sector       Public Sector       Business       Professional       Agriculture   
Homemaker       Student       NRI       Other (please specify)

Please Tick If Applicable      Politically exposed person       Related to Politically exposed Person

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

Educational Qualifications      Below SSC       SSC       HSC       Graduate       Masters       Professionals ( CA, CS, CMA, etc.)

### 7. SUBSCRIBER BANK DETAILS ( Please refer to Sr no. 4 of the instructions )

Account Type [ please tick(✓) ]      Saving A/c       Current A/c   
Bank A/c Number  
Bank Name  
Branch Name  
Branch Address      PIN Code  
Bank MICR Code      IFSC 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 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)

Nominee Name

Relationship with the Nominee

Date of Birth (In case of Minor) / /

Nominee's Guardian Details (in case of a minor)

Nominee's Guardian

**9. NPS OPTION DETAILS** (Please tick (✓) as applicable)

I would like to subscribe for Tier II Account also YES  NO

If yes, please submit details in Annexure I. (Tier II account is not available for NPS Lite/Swavalamban subscribers).

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\***

(i) **PENSION FUND SELECTION (Tier I) :** The names of the all PFs are mentioned in the instructions page and are available to the all sector subscribers with following conditions:

- (i) **Government Sector:** For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:
  - (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.
- (ii) **NPS Lite/Swavalamban:** NPS Lite Swavalamban is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.
- (iii) **All Citizen Model:** Subscribers under All Citizen model has the option to choose the available PFs as per their choice in the table below.
- (iv) **Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

| Name of the Pension Fund                                  | Please Tick (✓)          | Availability of the Pension Funds |                                   |                                |
|-----------------------------------------------------------|--------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| LIC Pension Fund Limited                                  | <input type="checkbox"/> | Available to Government Sector    | Available to NPS Lite/Swavalamban | Available to All Citizen Model |
| SBI Pension Funds Private Limited                         | <input type="checkbox"/> |                                   |                                   |                                |
| UTI Retirement Solutions Limited                          | <input type="checkbox"/> |                                   |                                   |                                |
| ICICI Prudential Pension Funds Management Company Limited | <input type="checkbox"/> |                                   |                                   |                                |
| Kotak Mahindra Pension Fund Limited                       | <input type="checkbox"/> |                                   |                                   |                                |
| Reliance Capital Pension Fund Limited                     | <input type="checkbox"/> |                                   |                                   |                                |
| HDFC Pension Management Company Limited                   | <input type="checkbox"/> |                                   |                                   |                                |

\* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

(ii) **INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)**

( Please Tick (✓) in the box given below showing your investment option).

Active Choice  Auto Choice

For details on Auto Choice, please refer to the Offer Document. Please note:

1. In case you do not indicate any investment option, your funds will be invested in Auto Choice
2. In case you have opted for Auto Choice, DO NOT fill up section below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be 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<br>(Cannot exceed 50%) | C | G | Total | Note:- The total allocation across E, C and G 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. |
|-------------|--------------------------|---|---|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| %           |                          |   |   |       |                                                                                                                                                                                         |

**11. DECLARATION BY SUBSCRIBER\*** ( Please refer to Sr no. 6 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 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/NPSCAN and view details) & T-pin on the CRA website.

**Additional declaration by Swavalamban subscriber**

I have read/explained to me and understood the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

**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)

**ACKNOWLEDGEMENT**

Name of the Subscriber:

Contribution Amount Remitted: ₹

Date of Receipt of Application and Contribution Amount: / /

Stamp and Signature of the Employer/PoP/Aggregator:

**12. DECLARATION BY EMPLOYER/POP/AGGREGATOR**

**Applicable to Government Subscribers only**

**(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))**

Date of Joining \_\_\_\_\_ Date of Retirement \_\_\_\_\_  
 Employee Code/ID \_\_\_\_\_  
 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 this subscriber registration form by \_\_\_\_\_ employed with us, including the address and 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 entries/entries have been read over to him/her by us and got confirmed by him/her.

|                                                          |                                               |                                                          |                                                                  |
|----------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|
| Signature of the Authorised person<br>(In the box above) | Rubber Stamp of the DDO<br>(In the box above) | Signature of the Authorised person<br>(In the box above) | Rubber Stamp of the DTO/PAO/CDDO/<br>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                                                     |                                                                  |

**Applicable to Corporate Subscribers only**

**(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))**

Date of Joining \_\_\_\_\_ Date of Retirement \_\_\_\_\_  
 Employee ID \_\_\_\_\_  
 Corporate Regd. No Allotted by CRA \_\_\_\_\_ CBO No. allotted by CRA \_\_\_\_\_

Certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed 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 over to him / her by us and got confirmed by him / her.

|                                                       |      |       |                                                     |
|-------------------------------------------------------|------|-------|-----------------------------------------------------|
| Signature of the Authorized Person (In the box above) | Date | Place | Rubber Stamp of the Corporate<br>(In the box above) |
| Designation of the Authorized Person:                 |      |       |                                                     |

**To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)**

Receipt No. (17 digits) \_\_\_\_\_ POP-SP Registration Number \_\_\_\_\_  
 Document accepted for date of Birth Proof \_\_\_\_\_  
 Copy of PAN card submitted YES  NO  KYC Compliance YES  NO

**Existing Bank Customer:**

I/we hereby certify/confirm that Shri/Smt/Kum \_\_\_\_\_ is an existing customer of the Bank having fully operative Saving Bank account no \_\_\_\_\_ at \_\_\_\_\_ branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum \_\_\_\_\_ is not a 'Basic Savings Bank Deposit Account'.

**Adhaar Based KYC Certificate:**

I/we hereby certify that Aadhaar Number \_\_\_\_\_ of Sh/Smt/Kum \_\_\_\_\_ has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

|             |                                   |      |              |        |
|-------------|-----------------------------------|------|--------------|--------|
| POP-SP Seal | Signature of Authorized Signatory | Date | Name:        | Place: |
|             |                                   |      | Designation: |        |

**Declaration by the Aggregator (Only in case of NPS Lite/Swavalamban Subscribers)**

**Authorisation by Aggregator's office (NL - AO)**

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by \_\_\_\_\_ after (s)he has read the entries/ entries have been read over to her/him by me.

|                                                       |                                                   |
|-------------------------------------------------------|---------------------------------------------------|
| Signature of the Authorised person (In the box above) | Rubber Stamp of the Aggregator (In the box above) |
|-------------------------------------------------------|---------------------------------------------------|

Name of the Aggregator \_\_\_\_\_  
 NPS Lite Account Office (NL-AO) Registration Number \_\_\_\_\_ NPS Lite - Collection Centre (NL - CC) Registration Number \_\_\_\_\_  
 Membership No. allotted by Aggregator (if any) \_\_\_\_\_  
 Place \_\_\_\_\_ 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 \_\_\_\_\_

**TIER II DETAILS**

I hereby submit the following details for activation of Tier – II account under NPS.

1. PAN card Number (Mandatory) :

2. **Subscribers Bank Details:** (Mandatory)

If same as Tier I, Please Tick (✓)  else, provide the details below: Savings A/c  Current A/c

Bank A/c Number

Bank Name

Branch Name

Branch Address

PIN CODE

Bank MICR Code

IFSC Code

**Subscriber's Nomination Details**

If same as Tier I, Please Tick (✓)  else, provide the details below. In case you desire to nominate more than one person, please fill Annexure III.

3. Name of the Nominee:

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
|            |             |           |

4. Date of Birth (In case of Minor)

5. Relationship with the Nominee:

6. Nominee's Guardian Details (in case of a minor):

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
|            |             |           |

**Subscriber Scheme Preference** (Please refer offer document for further details):

7. (i). **Pension Fund (PF) Selection (Select only one PF):** Selection of PFM is mandatory both in Active and Auto Choice. In case, if you do not indicate a choice of PF, please note that it is deemed that you have consented to opting for the default option for the PF as prescribed by PFRDA. Currently, SBI Pension Funds Private Limited is the default PFM.

If same as Tier I, Please Tick (✓)  else, provide the details below

| Pension Fund Name                                         | Please tick only one (✓) |
|-----------------------------------------------------------|--------------------------|
| LIC Pension Fund Limited                                  | <input type="checkbox"/> |
| SBI Pension Funds Private Limited                         | <input type="checkbox"/> |
| UTI Retirement Solutions Limited                          | <input type="checkbox"/> |
| ICICI Prudential Pension Funds Management Company Limited | <input type="checkbox"/> |
| Kotak Mahindra Pension Fund Limited                       | <input type="checkbox"/> |
| Reliance Capital Pension Fund Limited                     | <input type="checkbox"/> |
| HDFC Pension Management Company Limited                   | <input type="checkbox"/> |



(ii). **Investment Option** ( Please Tick (√) in the box given below showing your investment option)

|                      |                    |                                                                                                                                                                                                                                                                                                                                    |
|----------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Active Choice</b> | <b>Auto Choice</b> | <b>(For details on Auto Choice, please refer to the Offer Document)</b>                                                                                                                                                                                                                                                            |
|                      |                    | Note:- (a) In case you do not indicate any investment option, your funds will be invested in Auto Choice<br>(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<br>(Cannot exceed 50%) | C | 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. |
|---------------|--------------------------|---|---|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               |                          |   |   | <b>100%</b> |                                                                                                                                                                                        |

**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(SP)**

POP-SP Registration Number

Copy of PAN Card Submitted YES  NO

|             |                                   |                   |
|-------------|-----------------------------------|-------------------|
|             |                                   | Name:             |
|             |                                   | Designation:      |
|             |                                   | Place:            |
| POP-SP Seal | Signature of Authorised Signatory | Date:     /     / |

**ADDITIONAL REQUEST DETAILS****1. Name of Father** (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)

First Name

Middle Name

Last Name

**2. Name of Mother** (required only if the applicant wants mother's name to be printed instead of Father's name on PRAN 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<br>(As selected in the Subscriber Registration form)<br>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: / / |

(\* 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  | First Name  | First Name  |
| Middle Name | Middle Name | Middle Name |
| Last Name   | Last Name   | Last Name   |

**2. Present Communication address of the nominees:**

| Address of 1st Nominee | Address of 2nd Nominee | Address of 3rd Nominee |
|------------------------|------------------------|------------------------|
|                        |                        |                        |

**3. Date of Birth\* (Only in case of a minor):**

|                 |                 |                 |
|-----------------|-----------------|-----------------|
| 1st Nominee / / | 2nd Nominee / / | 3rd Nominee / / |
|-----------------|-----------------|-----------------|

**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 \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_

Signature/ 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.

**Annexure III to CSRF 1**

**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 \_\_\_\_\_  
(Allotted by CRA)

Designation of the Authorised Person : \_\_\_\_\_

DDO/POP-SP/NL-CC Office Name : \_\_\_\_\_

Date     /     /

**TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO**

Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO

PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number  
(Allotted by CRA): \_\_\_\_\_

|                                    |
|------------------------------------|
|                                    |
| Signature of the Authorised Person |