

# NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited



Please select your category [ Please tick(✓) ]	Central Govt. <input type="checkbox"/>	State Govt. <input type="checkbox"/>
	Central Autonomous Body <input type="checkbox"/>	State Autonomous Body <input type="checkbox"/>
	All Citizen Model <input type="checkbox"/>	Corporate Sector <input type="checkbox"/>
	NPS Lite (GDS) <input type="checkbox"/>	

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)  
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable)	Generated from Central KYC Registry
Retirement Adviser Code (if applicable)	

### 1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full Shri  Smt.  Kumari

First Name\*

Middle Name

Last Name

Subscriber's Maiden Name (if any)

Father's Name\*

Mother's Name\*

Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [ Please tick (✓) ]

Date of Birth\*  /  /  (Date of Birth should be supported by relevant documentary proof)

City of Birth\*

Country of Birth\*

Gender\* [ Please tick (✓) ] Male  Female  Others  Nationality\* Indian

Marital Status\* Married  Unmarried  Others

Spouse Name\*

Residential Status\* Indian

### 2. PROOF OF IDENTITY (PoI)\* (Any one of the documents need to be provided along with the identification number)

Passport	Passport Expiry Date	/	/
Voter ID Card	PAN Card		
Driving License	Driving License Expiry Date	/	/
NREGA JOB Card			
Others	Name of the ID		

UID (Aadhaar)  (UIDI [ Aadhaar] number not required.)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS if you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

### 3. PROOF OF ADDRESS (PoA)\*

[ Please tick (✓), as applicable ]  
#Not more than 2 months old  
Please refer Sr. No. 2 of the instructions

#### Correspondence Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others  
Registered Lease/Sale agreement of residence/Municipal Tax Receipt  
#Latest Piped Gas/Water/Electricity/Telephone/Landline or postpaid mobile Bill

#### Permanent Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others  
Registered Lease/Sale agreement of residence/Municipal Tax Receipt  
#Latest Piped Gas/Water/Electricity/Telephone/Landline or postpaid mobile Bill

### 4.1 CORRESPONDENCE ADDRESS DETAILS\*

Address Type\* Residential/Business  Residential  Business  Registered Office  Unspecified

Flat/Room/Door/Block no.  Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District  PIN Code

State/U T

### 4.2 PERMANENT ADDRESS DETAILS\*

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

Address Type\* Residential/Business  Residential  Business  Registered Office  Unspecified

Flat/Room/Door/Block no.  Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District  PIN Code

State/U T





**(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)**

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 A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invts etc
Specify %					100%	
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:

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

**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

**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 set out 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 (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Tax Identification Number (TIN)/Functional equivalent Number			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	/ /	/ /	/ /

I certify that:

- 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.
- 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.
- I permit/authorize 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.
- 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.
- 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.
- 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 domain for confirming the information provided by me to the NPS Trust.
- 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.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date  /  /

Place

Name of subscriber

Signature/Thumb Impression\* of Subscriber in black ink  
(\* LTI in case of male and RTI in case of females)

**12. DECLARATION BY SUBSCRIBER\* ( Please refer to Sr no. 8 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 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 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 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 females)

**13. DECLARATION BY EMPLOYER**

**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 (If applicable)  Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.  
PPAN (If applicable)

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 (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person <input type="text"/>		Designation of the Authorised Person <input type="text"/>	
Name of the DDO <input type="text"/>		Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>	
Deptt/Ministry <input type="text"/>		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

**14. DECLARATION BY EMPLOYER/ CORPORATE**

**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 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 \_\_\_\_\_ 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.

Date  /  /

Place

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)