CSRF

Select your Central Recordkee Agency (CRA) [Please tick(✓)	ping NS	DL e-Governa rastructure Lto	nce		nputershare	
lease select your category Please tick(✓) ]	Central G All Citize		State Govt Corporate		NPS Lite (GDS)	Affix recent colour photograph of 3.5 cm × 2.5 cm size Passport size
tional Pension System Trust. ar Sir/Madam, ereby request that an NPS account b	be opened in m	ny name as per th	e particulars given be	low:		i ussport size
ndicates mandatory fields. Please fill YC Number, Retirement Adviser Co						
YC Number (if applicable) etirement Adviser Code (If applicable	e)			Ge	enerated from Central KYC Registr	/
PERSONAL DETAILS: (Please	,	No.1 of the instruc	tions)			
Name of Applicant in full	Shri	Smt.	Kumari			
First Name*						
Middle Name						
Last Name	· • •					
Subscriber's Maiden Name (if an Father's Name*	y)					
(Refer Sr. No. 1 of instructions)						
Mother's Name*						
(Refer Sr. No. 1 of instructions) Father's name will be printed on PR	AN card. In cas	se, mother's name	o be printed instead of	father's name [ Plea	ase tick (✓)]	
Date of Birth*	d d /	m m / y	уууу (	Date of Birth shoul	d be supported by relevant docur	nentary proof)
City of Birth*						
Country of Birth*						
Gender* [Please tick ( $\checkmark$ )]	Male	Female	Others	N	ationality* In-India	n 🗌
Marital Status*	Married	Unmarrie	ed Others	S		
Spouse Name* (Refer Sr. No. 1 of instructions)						
Residential Status*	Indian					
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Others	Name of t	he ID				Please refer Sr. No. 2 of the instruct
UID (Aadhaar)						
and authenticate my identity (Targeted Delivery of Financ Aadhaar details (physical au inactive in NPS or the timefi	r through the A cial and other S nd / or digital, rame decided I Aadhaar base nder Prevention	adhaar Authentica Subsidies, Benefit as the case mayl by PFRDA, the re d authentication is n of Money-Laund	ation system (Aadhaa s and Services) Act, i be) submitted for avai gulator of NPS, which s ensured by CRA reg ering (Maintenance o	r based e-KYC serv 2016 and the allied iling services under rever is later. I unde gistered with PFRD, f Records) Second		n the provisions of the Aadha recunder. I understand that is till the time the account is tiality of personal identity do for my NPS account. ar and PAN are mandatory u
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[ Please tick (✓), as applicable ] #Not more than 3 months old.		Passport /Di Card/Ration	iving License/UID (Aadha Card/Others	aar)/Voter ID card/NRE	GA Job Passport /Driving License/UI Card/Ration Card/Others	D (Aadhaar)/Voter ID card/NREG
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Area/Locality/Taluk						
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2 PERMANENT ADDRESS DE	TAIL S*	Tick (v	) in the box in case th	ne address is same	as above	
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CSRF

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12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Ple         Section I*         US Person* Yes No         For the purposes of taxation, I am a resident in the following countries and my Tax Identification out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of         Country/countries of tax residency         Address in the jurisdiction for Tax Residence         Address in the jurisdiction for Tax Residence         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)       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 law with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information rules,         b) the information provided by me in the Form, its supporting Annexures as well as in the doc belief, true, correct and complete and that I have not withheld any material information that ra Reportable account or otherwise.         c) I permit/authorise the NPS Trust to collect, store, communicate and process information relat Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclo India of any confidential informatio	nowledge and belief. I undertake t shed by me. I do not hold any pr me and any amendment thereof a conditions for the usage of I-PIN ( nd assessed sources of income. r agree that NPS Trust has the righ nature/Thumb Impression* o (* LTI in case of male and RT	to inform immediately the Cen re-existing account under NPS as approved by PFRDA, whet (to access CRA website and v I understand that NPS Trust I ht to close my PRAN in case I of <b>Subscriber in black inh</b> TI in case of females)
In have read and understood the Terms and conditions of the National Pension System and hereby agree to and declare that the information and documents furnished by ma et reu and correct, to the best of my indeclare that the information and documents furnished by ma et reu and correct, to the best of my indeclare that the information of adocuments.     If urther agree to be bound by the terms and conditions of proviso in of services by CRA, from time to i complete or partial without any new declaration being furnished by me. I shall be bound by the terms and cetality 3, T-PIN.      Declaration under the Prevention of Money Laundering Act, 2002      I hereby declare that the contribution paid by meion my behaft has been derived from legally declared is the right to prevene wy financial profile or share the information, with other government authorities. If further greenes wy financial profile or share the information, with other government authorities. If unter found violating the provisions of any law relating to prevention of money laundering.     Date         ad d / m m / / y y y y Place:         Sig      12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Plee Section II* US Person* Yes No     Section II*      Section II*     For the purposes of taxation, I am a resident in the following countries and my Tax Identification out below or 1 have indicated that a TIN/functional equivalent is unavailable (kindy) fill details of         Address in the jurisdiction for Tax         Residence         Address Line 1         Clity/Town/Village         State         ZIP/Post Code         Tax Identification Number (TIN)/Functional equivalent Number         TIN/ Functional equivalent Number ISU (More Prevent) and Prevent Substop (More Prevent)         Address in the prevention for compliance and process information relation rules,         1 certify that:         1, the maximum prevensibility to educate myself and to comply at all times with all relevant law         with the Rules 114F to 114H of	nowledge and belief. I undertake t shed by me. I do not hold any pr me and any amendment thereof a conditions for the usage of I-PIN ( nd assessed sources of income. r agree that NPS Trust has the righ nature/Thumb Impression* o (* LTI in case of male and RT	to inform immediately the Cen re-existing account under NPS as approved by PFRDA, whet (to access CRA website and v I understand that NPS Trust I ht to close my PRAN in case I of <b>Subscriber in black inh</b> TI in case of females)
and declare that the information and documents furnished by me are true and correct, to the best of my Mecord Keeging Agency/National Pension System Trust, of any change in the above information of documents. I further agree to be bound by the terms and conditions of provision of services by CRA, from time to 1 complete or partial without any new declaration being furnished by me. I shall be bound by the terms and details) & T-PIN. Declaration under the Prevention of Money Laundering Act, 2002 I hereby declare that the contribution paid by meion my behalf has been derived from legally declared it the right to peruse my financial profile or share the information, with other government authorities. I furthe found violating the provisions of any law relating to prevention of money laundering. Date <pre>ddd / min / y y y y</pre> Place :  Sig <pre>Section I* US Person* Yes No </pre> No  Section I* US Person* Yes No  Country/countries of taxation, 1 am a resident in the following countries and my Tax Identification out below or 1 have indicated that a TIN/functional equivalent is unavailable (kindly fill details of the purposes of taxation, 1 am a resident in the following countries and my Tax Identification out below or 1 have indicated that a TIN/functional equivalent to unavailable (kindly fill details of Zury/countries of tax residency  Address in the jurisdiction for Tax <pre>Residence</pre> <pre>Clip/Fown/Village TIN Functional equivalent Number TIN Functional equivalent Number TIN Functional equivalent Number Support of the information provide the responsibility to educate myself and to comply at all times with all relevant law with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information rules, b) the information provided by me in the Form, its supporting Annexures as well as in the doc I undertake the responsibility to declare myself and to comply at all times with all relevant law with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the</pre>	nowledge and belief. I undertake t shed by me. I do not hold any pr me and any amendment thereof a conditions for the usage of I-PIN ( nd assessed sources of income. r agree that NPS Trust has the righ nature/Thumb Impression* o (* LTI in case of male and RT	to inform immediately the Cen re-existing account under NPS as approved by PFRDA, whet (to access CRA website and v I understand that NPS Trust I ht to close my PRAN in case I of <b>Subscriber in black inh</b> TI in case of females)
complete or partial without any new declaration being furnished by me. I shall be bound by the terms and 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 at the infpit to peruse my financial profile or share the information, with other government authorities. I further found violating the provisions of any law relating to prevention of money laundering.         Date       cl       d       / m m / y y y y         Place :       Sig         Sig         12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Pie         Section 1*         US Person* Yes No         Section 11*         For the purposes of taxation, I am a resident in the following countries and my Tax Identification out below or I have indicated that a TIN/functional equivalent is unavailable (kindy fill details of Particulars Country (1)	conditions for the usage of I-PIN ( nd assessed sources of income. r agree that NPS Trust has the righ nature/Thumb Impression* o (* LTI in case of male and RT	(to access CRA website and v I understand that NPS Trust i ht to close my PRAN in case I of <b>Subscriber in black ink</b> TI in case of females)
I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared at the fight to peruse my financial profile or share the information, with other government authorities. I furthe found violating the provisions of any law relating to prevention of money laundering.     Date	r agree that NPS Trust has the righ nature/Thumb Impression* o (* LTI in case of male and RT	ht to close my PRAN in case I of Subscriber in black inf TI in case of females)
the right to peruse my financial profile or share the information, with other government authorities. I further found violating the provisions of any law relating to prevention of money laundering. Date  Date Date	r agree that NPS Trust has the righ nature/Thumb Impression* o (* LTI in case of male and RT	ht to close my PRAN in case I of Subscriber in black inf TI in case of females)
Place :	(* LTI in case of male and R	TI in case of females)
Sig         2. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Piel Section I*         JS Person* Yes No         JS Person* Yes No         Section II*         Section II*         Country of the purposes of taxation, I am a resident in the following countries and my Tax Identification ut below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of Particulars Country (1)         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)         dd / mm / yyyy         I certify that:         a) It shall be my responsibility to educate myself and to comply at all times with all relevant law with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information rules,         b) the information provided by me in the Form, its supporting Annexures as well as in the doc belief, true, correct and complete and that I have not withheld any material information that n a Reportable account or otherwise.         commitation any of NPS intermediaries wherever situated including sharing, transfer and disclo India of any confidential information for complianea with any law or regulation whether dom to	(* LTI in case of male and R	TI in case of females)
	(* LTI in case of male and R	TI in case of females)
Section I*  JS Person* Yes No  Section II*  For the purposes of taxation, I am a resident in the following countries and my Tax Identification intuit below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of  Particulars Country (1)  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 lssuing Country  Validity of documentary evidence provided (Wherever applicable)  Comm / yyyy  Corr fifthat:  A It shall be my responsibility to educate myself and to comply at all times with all relevant law with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information rules,  b) the information provided by me in the Form, its supporting Annexures as well as in the doc belief, true, correct and complete and that I have not withheld any material information that m a Reportable account or otherwise.  C) I permit/authorise the NPS Trust to collect, store, communicate and process information relat Trust and any of NPS Intermediaries wherever situated including sharing, transfer and disclo India of any confidential information for compliance with any law or regulation whether dome of a labo agree that in case of my failure to disclose any material fact known to me, now or in fur authority designated by the Government of India (GOI) / RBI/RDA/PFRDA for the purpose of the NPS Trust if the deficiency is not remedied by me with the stipulated period.  Address is a comparise in the Piors is more the information for compliance with any law or regulation whether dome Compo	ase refer to Sr no. 8 of the instructi	ions):
Section I*  JS Person* Yes No  Section II*  JS Person* Yes No  Section II*  Address of taxation, I am a resident in the following countries and my Tax Identification  Particulars Country (1)  Country		/
JS Person*       Yes       No         Section II*       Item a resident in the following countries and my Tax Identification ut below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of Particulars       Country (1)         Country/countries of tax residency       Address Line 1         Address in the jurisdiction for Tax Residence       Address Line 1         City/Town/Village       State         ZIP/Post Code       Iter and the state of thes		
Address in the jurisdiction for Tax         Address Line 1         City/Town/Village           Tax Identification Number (TIN)/Functional equivalent Number         TIN/ Functional equivalent Number Issuing Country         Country (1)           Validity of documentary evidence provided (Wherever applicable)         dd / mm / yyyy         Certify that:           a) It shall be my responsibility to educate myself and to comply at all times with all relevant law with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information rules,         D) the information provided by me in the Form, its supporting Annexures as well as in the doc belief, true, correct and complete and that I have not withheld any material information that m a Reportable account or otherwise.           D) I permit/authorise the NPS Trust to collect, store, communicate and process information relat Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclo India of any confidential information for compliance within 30 days from the date of chan provided in the Form, its supporting Annexures as well as in the documentary evidence prov provide fresh self-certification along with documentary evidence,           e) I adso agree that in case of my failure to disclose any material fact known to me, now or in fut authority designated by the Government of India (GOI) /RBI/IRDA/PERDA for the purpose or the NPS Trust shall have the right and authority to carr	Number (TIN)/functional equi	valent in each country is s
Country/countries of tax residency       Address Line 1         Address in the jurisdiction for Tax Residence       Address Line 1         City/Town/Village       State         ZIP/Post Code       Ital         Tax Identification Number (TIN)/Functional equivalent Number       Ital         TIN/ Functional equivalent Number Issuing Country       Ital         Validity of documentary evidence provided (Wherever applicable)       Ital / mm / yyyy         'I certify that:       a) It shall be my responsibility to educate myself and to comply at all times with all relevant law with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information rules,         D) the information provided by me in the Form, its supporting Annexures as well as in the doc belief, true, correct and complete and that I have not withheld any material information that m a Reportable account or otherwise.         C) I permit/authorise the NPS Trust to collect, store, communicate and process information relate Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclo India of any confidential information for compliance with any law or regulation whether dome disclos india of any confidential information for compliance with any law or regulation whether dome disclose within 30 days from the date of cha provided in the Form, its supporting Annexures as well as in the documentary evidence,         B) I also agree that in case of my failure to disclose any material fact known to me, now or in ful authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose of the NPS Trust if the deficiency is not remedied by me w		
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Residence       State         State       ZIP/Post Code         Tax Identification Number (TIN)/Functional equivalent Number       TIN/ Functional equivalent Number Issuing Country         Validity of documentary evidence provided (Wherever applicable)       dd / mm / yyyy         I certify that:       a) It shall be my responsibility to educate myself and to comply at all times with all relevant law with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information rules,         b) the information provided by me in the Form, its supporting Annexures as well as in the doc belief, true, correct and complete and that I have not withheld any material information that m a Reportable account or otherwise.         c) I permit/authorise the NPS Trust to collect, store, communicate and process information relat Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclose link any law or regulation whether dome disclose within 30 days from the date of cha provide in the Form, its supporting Annexures as well as in the documentary evidence prov provide fresh self-certification along with documentary evidence,         a) I also agree that in case of my failure to disclose any material fact known to me, now or in fur authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose of the NPS Trust if the deficiency is not remedied by me within the stipulated period.         b) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carred the signated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose of the NPS Trust if the deficiency is not remedied by me within the stipulated period. <td></td> <td></td>		
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<ul> <li>c) I permit/authorise the NPS Trust to collect, store, communicate and process information relat Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclo India of any confidential information for compliance with any law or regulation whether dome</li> <li>d) I undertake the responsibility to declare and disclose within 30 days from the date of cha provided in the Form, its supporting Annexures as well as in the documentary evidence prov provide fresh self-certification along with documentary evidence,</li> <li>e) I also agree that in case of my failure to disclose any material fact known to me, now or in fut authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose of the NPS Trust if the deficiency is not remedied by me within the stipulated period.</li> <li>f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carr</li> </ul>	provided in the Form is in accumentary evidence are, to the	cordance with the aforesai
<ul> <li>authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose of the NPS Trust if the deficiency is not remedied by me within the stipulated period.</li> <li>I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carr</li> </ul>	sure between them and to the a stic or foreign. nge, any changes that may ta ded by me or if any certificatio	authorities in and/or outsid ake place in the informatic on becomes incorrect and t
domain for confirming the information provided by me to the NPS Trust	take any other action as may	/ be deemed appropriate b
g) I also agree to furnish such information and/or documents as the NPS Trust may require fround in the subject matter herein.		
n) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of provi	ing incorrect or incomplete inf	formation.
Date d d / m m / y y y		
Place : Sig		of Subscriber in black inl TI in case of females)

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	Applicable to Occurrent	nont Suboaribara calu						
(Subscribers E	mployment Details to be filled and	nent Subscribers only attested by the Deptt. (All De	tails are Mandatory)					
		Date of Retirement						
Employee Code/ID (If applicable)								
PPAN (If applicable)								
Group of Employee (Tick as applica	able) Group A Gro	oup B Group C	Group D					
Office								
Department								
Ministry								
DDO Registration Number								
DTO/PAO/CDDO/DTA/PrAO Registr	ation Number							
Basic Pay								
Pay Scale								
Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised pe (In the box above)	erson Rubber Stamp of the DTO/PAO/CDDC DTA/PrAO (In the box above)					
Designation of the Authorised Person		Dia/PrAC (in the box above)						
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO						
		Date d d / m m / y y y y						
	Applicable to Corpor	ate Subscribers only						
4. DECLARATION BY EMPLOYER/ Co		rate Subscribers only attested by Corporate (All Detail						
A. DECLARATION BY EMPLOYER/ CO (Subscribers ate of Joining	Applicable to Corpor Employment Details to be filled and	rate Subscribers only attested by Corporate (All Detail	ls are Mandatory))					
4. DECLARATION BY EMPLOYER/ CO (Subscribers ate of Joining d d / m mployee Code/ID	Applicable to Corpor         Employment Details to be filled and         m       /       y       y       y	rate Subscribers only attested by Corporate (All Detail	ls are Mandatory))					
4. DECLARATION BY EMPLOYER/ Co	Applicable to Corpor Employment Details to be filled and	rate Subscribers only attested by Corporate (All Detail	ls are Mandatory))					
DECLARATION BY EMPLOYER/ Construction (Subscribers ate of Joining d d / mployee Code/ID orporate Regd. Number (CHO No.) Allow BO No. allotted by CRA ertified that the details provided in this mployment details provided above are at the specified above are at	Applicable to Corpor Employment Details to be filled and	rate Subscribers only attested by Corporate (All Detail Date of Retirement	ls are Mandatory))					
4. DECLARATION BY EMPLOYER/ Co (Subscribers ate of Joining d d / m mployee Code/ID orporate Regd. Number (CHO No.) Allo BO No. allotted by CRA ertified that the details provided in this	Applicable to Corpor Employment Details to be filled and	rate Subscribers only attested by Corporate (All Detail Date of Retirement	Is are Mandatory))       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y   employed with us, including the state of the state					
DECLARATION BY EMPLOYER/ Construction of the second s	Applicable to Corpor Employment Details to be filled and	rate Subscribers only attested by Corporate (All Detail Date of Retirement	Is are Mandatory))       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y   employed with us, including the state of the state					
DECLARATION BY EMPLOYER/ Construction (Subscribers ate of Joining d d / mployee Code/ID orporate Regd. Number (CHO No.) Allowed BO No. allotted by CRA ertified that the details provided in this mployment details provided above are antries / entries have been read over to be a set of the set	Applicable to Corpor Employment Details to be filled and	rate Subscribers only attested by Corporate (All Detail Date of Retirement d loyee maintained by us. Also, it him / her. Place	Is are Mandatory))       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y       d     /     m     m     /     y     y     y   employed with us, including the state of the state					

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CSRE	r

15.	TO BE FILLED	BY POP-SP								
	Receipt No. (17	digits)			POP-SP	Registration Nu	umber			
	Document accep	oted for date of Bi	rth Proof:							
	Copy of PAN card submitted YES NO KYC Compliance YES NO									
	Documents Received: (Originals Verified) Self Certified (Attested) True Copies									
	Identity Verification : Done									
	Saving Bank ac which match the	ify/confirm that S count no e requirements fo	ai	nt have been fully compli	branch ar	nd KYC norms	required for ope	ening Bank Account		
	Adhaar Based I	KYC Certificate:								
				of Sh/Smt/Kum natching with that mention			has been che	cked and the name		
				natching with that mention						
	IO DE TI				Name:					
					Designation:		Place:			
	PO	P-SP Seal	Signature o	f Authorized Signatory	Date	d I m m	<b>I</b> y y y	У		
			[To be fille	d by CRA - Facilitation C	entre (CRA-FC	C)]				
F	Received by			CRA-FC Registra	tion Number					
	Received at					Date	d d <b>/</b> m m			
		Number (by CRA-F(	C)							
	PRAN Alloted									
,	Name of the Sub	scriber:		ACKNOWLEDGEMEN	IT					
	Contribution Amo		₹							
I		л Аррисацон апо	Contribution Amount:	d d I m m I						
						Stamp and Sig	nature of the Em	ployer/PoP:		

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			INS	TRUCTIONS FOR FILLING THE SU	-	REG	SISTRATION FORM				
(b)											
	left blank or the application form is printed back to back										
(d)	The subscr the clear vi	riber should not sign a sibility of the face of th	cross th	ne photograph. The photograph should not be st criber, the application shall not be accepted.	tapled or clippe	d to th	e form. If there is any mark on the photograph such that it hinders				
(e)	Copies of a	all the documents subr	mitted b	y the applicant should be self-attested and account							
S. No	Item No.	Item Details		Instructions							
		Personal Details	<ul> <li>This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians.</li> <li>Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN.</li> <li>The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.</li> </ul>								
		Spouse Name	If married, 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	same.				
		Mother's Name	i. Mo	other's name is mandatory							
				Nother's name has more than 30 digits, you mage e ensure that the date of birth matches as indicated as a second to the second se	,						
		Date of Birth	S.No	Proof of Identity (Copy of any on		S.No	Proof of Address (Copy of any one)				
			1	Passport issued by Government of India.	- /	1	Passport issued by Government of India				
			2	Ration card with photograph.			Ration card with photograph and residential address				
			3	Bank Pass book or certificate with Photograph.		3	Bank Pass book or certificate with photograph and residential address				
			4	Certificate of the POP bank for an existing Ban			Certificate of the POP bank for an existing Bank customer.				
				Voters Identity card with photograph and reside	ential address.		Voters Identity card with photograph and residential address				
			6 7	Valid Driving license with photograph Certificate of identity with photograph signed b	v a Member of		Valid Driving license with photograph and residential address Letter from any recognized public authority at the level of				
				Parliament or Member of Legislative Assembly			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				
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identific of India	ation Authority	9	Parliament or Member of Legislative Assembly 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 a	n officer of the	10	Job cards issued by NREGA duly signed by an officer of the				
2	2,3&4	4	11	State Government			State Government				
				Identity card issued by Central/State govern Departments, statuary/ Regulatory Authorities, Undertakings, Scheduled commercial Banks, P Institutions, Colleges affiliated to universities an Bodies such as ICAI, ICWAI, ICSI, Bar Council	, Public Sector Public Financial Id Professional		The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.				
			12	Photo. Identity Card issued by Defence, Pa Police department's	aramilitary and	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)				
			13	Ex-Service Man Card issued by Ministry of De employees.	efence to their	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)				
			14	Photo Credit card.		14	Latest Property/house Tax receipt (not more than one year old)				
						15	Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation)				
							ective customer is same as that declared by him/her in the account				
			op (ii) If t	ening form, the document may be accepted as the address indicated on the document submitted	a valid proof of ed for identity p	both i roof di	dentity and address. ffers from the current address mentioned in the account opening				
			for	m, a separate proof of address should be obtaine Permanent address are different, then proof for	ed. All future cor	nmuni	cations will be sent to correspondence address. If correspondence				
			(iii) Th	e KYC documents may be submitted within a p	eriod of 30 day	s after	generation of PRAN. (Only for Government Subscribers)				
3	3 6 Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.										
	7	Subscriber's Bank	For ac	tivation of Tier II, bank details are mandatory. P	Please attach a (	Cance	ills, it should be supported by cancelled cheque. Iled cheque (containing Subscriber Name, Bank Account Number and US actor for direct product as cleaters is transfer, la specific to				
4	Details Details and IFS code) of Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit of electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number										
5	8	Subscriber's	and IFS code should be submitted. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to								
		Nomination Details Pension Fund (PF)		entire nomination will be rejected. ore details on 'Investment Option', you may visi	it CRA wobaita						
6	10	Selection and Investment Option	Subsc invest	ribers from Government sector are currently no ed by default PFs as per the guidelines issued	ot allowed to ex by the Governm	nent.	the investment option. As mentioned, your contribution will be				
7	11	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.								
			• Ju	cation / Guidelines on filling details if applicant r risdiction(s) of Tax Residence: Since US taxes th tax purpose in USA.			oses in jurisdiction(s) outside India citizen, every US citizen of whatever nationality, is also a resident				
		Declaration by					een issued by the jurisdiction. However, if the said jurisdiction has (a "Functional equivalent"), the same may be reported. Examples				
8	12	subscriber on FATCA Compliance	of of				number, citizen/personal identification/services code/number and				
		Compliance	• If a	applicant residence for tax purpose in jurisdictior	n(s) within India	, Perm	anent Account Number (PAN) to be provided as Tax Identification				
			• In				Country of Birth is US, document evidencing Relinquishment of				
			Ci	tizenship should be provided or reasons for not General Information	• •		t certificate is to be provided				
a) T	he Subscril	ber can obtain the stat	tus of hi	s/her application from CRA and their designate	d nodal officer.	_					
b) S	ubscribers	are advised to retain to ormation / clarifications	the ackr	nowledgement slip signed/ stamped by the design	gnated nodal of	ficer w	here they submit the application.				
, , , , , , , , , , , , , , , , , , ,	Website: h	ttps://www.npscra.nsd	,	V	Vebsite: https://		rvy.com				
	Call: 022-4	1090 4242 Central Recordkeeping		C	Call: 1800 208 1	516	rdkeeping Agency (CRA)				
	NSDL e-G	overnance Infrastructi	ure Limi	ted í	Carvy Computer	share	Pvt. Ltd.				
	1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,       Karvý Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda,         Lower Parel (W), Mumbai - 400013       Serilingampally Mandal, Hyderabad - 500032										