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Subscriber Registration Form							
(* Indicates Mandatory Field) (To avoid mistake(s), please follow the accompanying instructions before filling up the form)							
To affix re-							
Receipt No. (To be filled by POP-SP)	Coloured photograph $(3.5 \text{ cm} \times 2.5 \text{ cm})$						
Permanent Retirement Account Number : (To be filled by CRA-FC after PRAN generation)							
Sir/Madam,							
I hereby request that a NPS account be opened in my name and a Permanent Retirement Account Number (PRAN) be							
allotted as per particulars given below: Section A – Subscriber's Personal Details	Signature/Thumb Impression* of						
	Subscriber in black ink						
1. Full Name (Full expanded name: Initials are not permitted) Please Tick as applicable Shri Smt. Kumari							
First Name *							
Middle Name							
Last Name							
2. Gender * Male Female							
3. Date of Birth * 4. PAN							
D D M M Y Y Y Y (Date of birth should be supported by relevant documentary proof).							
5. Category: Government Private Sector Self Employed NRI Others							
6. Father's Full Name: First Name *							
Middle Name							
Last Name							
7. Present Address* (NRIs may please refer to Sr. No. 3 of the instructions): Flat/Unit No, Block no.							
Name of Premise/Building/Village							
Area/Locality/Taluka							
District/Town/City							
State / Union Territory							
Country							
Pin Code							
8. Permanent Address*: If same as above, Please Tick else,							
Flat/Unit No, Block no.	<u> </u>						
Name of Premise/Building/Village							
Area/Locality/Taluka							
District/Town/City							
State / Union Territory							
Pin Code							

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9. Phone No.				
	STD Code	Phone No.		
10. Mobile No.				
11. Email ID				
12. Do you want to subscri	ibe to SMS Alerts (To be	made available later, on a chargeable basis): Yes	No No	
		ase refer to Sr. No. 6 of the instructions) Savings A		
Bank A/c Number	ns. (Of HORAE – piea	server to strate		
Bank Name				
Bank Branch				
Bank Address				
Pin Code				
Bank MICR Code				
IFS code (Wherever ap	plicable)			
in 5 code (wherever ap)				
Section B - Subscrib	er's Nomination De	etails (OPTIONAL - please refer to Sr. No	7 & 8 of the instructions)	
1. Name of the Nominee:				
1st Nominee First Name		2nd Nominee First Name	3rd Nominee First Name	
Middle Name		Middle Name	Middle Name	
Last Name		Last Name	Last Name	
2. Date of Birth (In case of a n	ninor):			
1st Nominee		2nd Nominee	3rd Nominee	
3. Relationship with the Nominee:				
1st Nominee		2nd Nominee	3rd Nominee	
4. Percentage Share:				
1st Nominee	%	2nd Nominee %	3rd Nominee %	
5. Nominee's Guardian Details				
1st Nominee's Guardian First Name	Details	2nd Nominee's Guardian Details First Name	3rd Nominee's Guardian Details First Name	
Middle Name		Middle Name	Middle Name	
Last Name		Last Name	Last Name	
	+++++	┃ <del>                                      </del>	╷┝╶┽╶┼╶┼╶┼╶┼╶┼╶┤╶┤	

# Section C - Subscriber Scheme Preference (Please refer to Section C of the instructions for further details): (i). PFM Selection for Active and Auto Choice (Select only one PFM)

PFM Name (in alphabetical order)	<b>Please tick only one</b>
ICICI Prudential Pension Funds Management Company Limited	
IDFC Pension Fund Management Company Limited	
Kotak Mahindra Pension Fund Limited	
Reliance Capital Pension Fund Limited	
SBI Pension Funds Private Limited	
UTI Retirement Solutions Limited	

(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).

## (ii). Investment Option

**Active Choice** 

(For details on Auto Choice, please refer to the Offer Document)

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 (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 (Cannot exceed 50%)	С	G	Total
% share				100%

**Auto Choice** 

Note:-

1. 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.

## Section D – Declaration & Authorization

I hereby declare and agree that (a) I have read and understood the Offer Document, terms & conditions or the same was interpreted to me, and the answers entered in the application are mine. (b) I am a Citizen of India. (c) I have not been found or declared to be of an unsound mind under any law for the time being in force. (d) I am not an undischarged insolvent. (e) I do not hold any pre-existing account under NPS.

I understand that there would be PFRDA approved *Terms and Conditions* for subscribers on the CRA website *governing I-pin* (*to access CRA/NPSCAN and view details*) & *T-pin*. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

Income Tax Act, 1961: Tax benefits are available as per the Income Tax Act, 1961, as amended from time to time.

## Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that:

- 1. The contribution paid has been derived from legally declared and assessed sources of income.
- 2. I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust has the right to close the NPS account in case I am found guilty of violating the provisions of any Law, directly or indirectly, by any Competent Court of Law, having relation to the laws governing prevention of money laundering in the country.

KYC document accepted for address proof       :	e & belief.  Signature/Thumb Impression* of Subscriber  No  Page 4  Fage 4  Signature of Authorized Signatory
declare that the information provided above is true to the best of my knowledge   Date :   D <tr< th=""><th>e &amp; belief.  Signature/Thumb Impression* of Subscriber  No  Page 4  Fage 4  Signature of Authorized Signatory</th></tr<>	e & belief.  Signature/Thumb Impression* of Subscriber  No  Page 4  Fage 4  Signature of Authorized Signatory
D D M M Y Y Y     To be filled by POP-SP     POP-SP Registration Number :     KYC Compliance : Yes     KYC document accepted for identify proof :     KYC document accepted for address proof :     Document accepted for date of birth proof :     Annexure UOS-S1     Name :   Designation :     Designation :	Impression* of Subscriber         No         No         Bage 4
To be filled by POP-SP         POP-SP Registration Number       :         KYC Compliance       :         KYC document accepted for identify proof       :         KYC document accepted for address proof       :         Document accepted for date of birth proof       :         Annexure UOS-S1	No Page 4 Signature of Authorized Signatory
POP-SP Registration Number :   KYC Compliance :   KYC document accepted for identify proof :   KYC document accepted for address proof :   Document accepted for date of birth proof :     Annexure UOS-S1     Name :   Designation :	Page 4 Signature of Authorized Signatory
KYC Compliance : Yes   KYC document accepted for identify proof :	Page 4 Signature of Authorized Signatory
KYC document accepted for identify proof :   KYC document accepted for address proof :   Document accepted for date of birth proof :     Annexure UOS-S1     Name :   Designation :	Page 4 Signature of Authorized Signatory
KYC document accepted for address proof :   Document accepted for date of birth proof :     Annexure UOS-S1     Image:	Page 4 Signature of Authorized Signatory
Document accepted for date of birth proof :	Page 4 Signature of Authorized Signatory
Annexure UOS-S1	Page 4 Signature of Authorized Signatory
Name : Designation :	Signature of Authorized Signatory
Designation :	
POP-SP Seal	$ Date: \square \square$
	CRA-FC Registration Number:
Received at:	Date:
cknowledgement Number o be provided by CRA-FC)	

### INSTRUCTIONS FOR FILLING THE FORM

- a) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only. 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 counter-signed by the applicant.
- b) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- c) The subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- d) Signature /Thumb impression (LTI in case of males and RTI in case of females) should only be within the box provided in the form. The subscriber should not sign across the photograph. 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.
- e) 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.
- f) The subscriber's thumb impression should be verified by the designated officer of the POP- SP accepting the form.
- g) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the POP-SP where they submit the application.

Sr. No.	Item No.	Item Details	Guidelines for Filling the Form			
		Section	A – Subscriber			
1.	1.	Full Name	Please state your name as mentioned in the Proof of Identity failing which the application is liable to be rejected. If the Proof of identity has a name by which the applicant has been known differently in the past, than the one provided in this application form, then requisite proof should be provided e.g. marriage certificate, or gazetted copy of name change.			
2.	3.	Date of Birth	Please ensure that this matches with the Date of Birth as indicated in the document provided in support.			
3	5.	Category	An NRI subscriber would need to furnish an Indian address for communication and bank details within India. Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.			
4.	7.	Present Address	All future communications will be sent to present address.			
5.	9, 10, 11	Phone No., Mobile No, & Email ID	ID" so that Sub	oscriber o	on either "Telephone number" or "Mobile number" or "Email can be contacted in future for any discrepancy.	
6.	13	Bank Details	If subscriber mentions any of the bank details (except MICR code), all the bank details shall be mandatory.			
		acceptable as proof of iden	tity and address	1		
No.	Proof of Identity (Co			No.	Proof of Address (Copy of any one)	
1	School Leaving Certif			1	Electricity bill^	
2	Matriculation Certific			2	Telephone bill^	
3		Educational Institution		3	Depository Account Statement^	
4	Depository Account S			4	Credit Card Statement^	
5	Bank Account Statement / Passbook			5	Bank Account Statement / Passbook^	
6	Credit Card		6	Employer Certificate^		
7	Water Bill		7	Rent Receipt^		
8	Ration Card		8	Ration Card		
9	Property Tax Assessment Order			9	Property Tax Assessment Order	
10	Passport			10	Passport	
11	Voter's Identity Card		11	Voter's Identity Card		
12	Driving License		12	Driving License		
13 14	PAN Card       Certificate of identity signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.       13       Certificate of address signed by a Member of Parliament Member of Legislative Assembly or Municipal Councillor a Gazetted Officer.					
					be more than six months old on the date of application.	
	2) You are required to bring original documents & two self-attested photocopies (Originals will be returned over-the- counter after verification)					
		Section 1	B - Subscriber's	Nomina	tion Details	
7.	4.	Percentage Share	<ol> <li>Subscriber can nominate a maximum of three nominees.</li> <li>Subscriber cannot fill the same nominee details more than once.</li> <li>Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s).</li> <li>Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.</li> </ol>			
8.	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details shall be mandatory.			

### Annexure UOS-S1

### Section C - Subscriber Scheme Preference

## Active choice

- 1. **PFM** selection is mandatory. The form shall be rejected if a PFM is not opted for.
- 2. Allocation under Equity (E) cannot exceed 50%
- 3. A subscriber opting for active choice may select the available asset classes ("E", "G", & "C"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table at Section C (iii) is left blank, the application shall be rejected.

#### Auto choice

- 4. A subscriber opting for Auto Choice must also select a PFM. The application shall be rejected if the subscriber does not indicate his/her choice of PFM
- 5. In case both investment option and the asset allocation at section C (ii) and C (iii) are left blank, the subscriber's funds will be invested as per Auto Choice

### For more details on investment options and asset classes, please refer to the Offer Document.

### GENERAL INFORMATION FOR SUBSCRIBERS

- a) The Subscriber can obtain the status of his/her application from the CRA website or through the respective POP-SP.
- b) For more information
  - Visit us at http://www.npscra.nsdl.co.in Call us at 022-24994200
  - e-mail us at info.cra@nsdl.co.in
  - Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.