

**NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM - Government Sector**

Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)

Print my PRAN in Hindi  Yes  No If yes, submit details as per Annexure ISelect your category [Please tick (✓)]  
 Central Government  State Government  
 Central Autonomous Body  State Autonomous Body**Paste recent photograph of 3.5 cm × 2.5 cm size / Passport size**  
(Do not sign across / staple / clip)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 (Refer general guidelines at instructions page.)

**1. PERSONAL DETAILS:** (Refer Sr. No. 1 of the instructions) *Use Annexure II if name exceeds the space provided below*

Salutation*	<input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari
Applicant Name*	F i r s t M i d d l e L a s t
Father's Name	F i r s t M i d d l e L a s t
Mother's Name	F i r s t M i d d l e L a s t
Either Father's or Mother's name is mandatory*	<b>Select the name to appear on PRAN Card</b> <input type="checkbox"/> Father's name <input type="checkbox"/> Mother's Name
Date of Birth*	d d m m y y y y
Place of Birth*	
Country of Birth*	
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Nationality*	
Marital Status*	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorcee
Spouse Name* (if married)	F i r s t M i d d l e L a s t
PAN*	or Form 60 furnished <input type="checkbox"/> Submission of PAN or Form 60 is mandatory
Income Range (per annum)	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1 lac to 5 lac <input type="checkbox"/> 5 lac to 10 lac <input type="checkbox"/> 10 lac to 25 lac <input type="checkbox"/> 25 lac to 1 Cr <input type="checkbox"/> Above 1 Cr
Please Tick if Applicable	<input type="checkbox"/> Politically exposed person <input type="checkbox"/> Related to Politically exposed person (Refer instruction no. 1)

**2. PROOF OF IDENTITY (PoI)\*** (If PAN is not provided, any one of the following documents to be submitted)

Passport		Passport Expiry Date	d d m m y y y y
Driving License		Driving License Expiry Date	d d m m y y y y
Government ID Card		Voter ID Card	
National Population Register			
Proof of possession of Aadhaar		Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on submitted copy	

**3. ADDRESS DETAILS\*** (To be attested by the Nodal Office)

Line 1															
Line 2	V i l l a g e / C i t y														
District		State/U.T.													
Country													PIN Code		

**4. CONTACT DETAILS**

Mobile*	9 1	Telephone with STD code	
Email ID			

**5. BANK DETAILS\*** (Proof to be submitted - Refer Sr. No. 3 of the instructions)

Account Type	<input type="checkbox"/> Saving A/c <input type="checkbox"/> Current A/c
Bank A/c Number	
Bank Name	IFS Code

**6. NOMINATION DETAILS\*** (Refer Sr. No. 4 of the instructions)

- A. The nomination shall be in favour of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III  
 B. A fresh nomination shall be made by the subscriber on his/her marriage.  
 C. Before filling up the details, please refer Nomination relationship matrix provided on the instructions page.

Nominee Name	F i r s t M i d d l e L a s t
Relationship	Age Date of Birth (In case of Minor) d d / m m / y y y y
Name of Guardian (if nominee is a minor)	F i r s t M i d d l e L a s t

**7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE\*** (Refer Sr. No. 5 of the instructions)

- Please Tick (✓) one  Default option (3 Pension Funds - SBI/UTI/LIC and default Govt. Scheme)  
 I would like to choose my Pension Fund and investment choice (Please select below)

Pension Fund* (Please Tick (✓) one)		Investment Choice (Please Tick (✓) one)	
<input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd	<input type="checkbox"/> Axis Pension Fund Management Limited	<input type="checkbox"/> Active Choice (i.e. 100% in Govt Securities)	<input type="checkbox"/>
<input type="checkbox"/> HDFC Pension Mgmt Co Ltd	<input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd	Or	
<input type="checkbox"/> Kotak Mahindra Pension Fund Ltd	<input type="checkbox"/> LIC Pension Fund Limited	Auto Choice	<input type="checkbox"/> Conservative (LC25)
<input type="checkbox"/> Max Life Pension Fund Mgmt Ltd	<input type="checkbox"/> SBI Pension Funds Private Limited		<input type="checkbox"/> Moderate (LC50)
<input type="checkbox"/> TATA Pension Mgmt Ltd	<input type="checkbox"/> UTI Retirement Solutions Limited		

If no option is chosen, the contributions will be invested as per default option

**8. Tier-II Choice (Please tick (✓) to activate)****Providing PAN is mandatory**

Tier-II	Tier II - Tax Saver (only for Central Government employees)
<input type="checkbox"/> As per the details given in Annexure IV	<input type="checkbox"/> With same bank, nominee details <input type="text" value="Please write name of Pension Fund"/>
	<input type="checkbox"/> With different bank/nominee/investment details as per Annexure IV

**9. FATCA\* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instruction):**

I am a tax resident of India and not resident of any other country  I am a tax resident of the country/ies mentioned below

US Person Yes  No.

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)	ddmmyyyy	ddmmyyyy	ddmmyyyy

I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same.

**Signature / Thumb Impression\* of Applicant (refer instructions)**

**10. DECLARATION BY APPLICANT\* (Refer Sr no. 7 of the instructions)**

I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. 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.

**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 Applicant**  
(\*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

**11. DECLARATION BY NODAL OFFICE (All Details are Mandatory)**

Date of Joining	<input type="text" value="d d m m y y y y"/>	Date of Retirement	<input type="text" value="d d m m y y y y"/>
Employee Code/ID (If applicable)	<input type="text"/>	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.	
PPAN (If applicable)	<input type="text"/>		
Name of the office	<input type="text"/>		
Department	<input type="text"/>		
Ministry	<input type="text"/>		
DDO Registration Number	<input type="text"/>	DTO/PAO/CDDO/DTA/PrAO Registration Number	<input type="text"/>

It is certified that \_\_\_\_\_ is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office. 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	Rubber stamp of the DDO	Signature of the Authorised person	Rubber stamp of the DTO/PAO/CDDO
Name 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"/>

**ACKNOWLEDGEMENT**

Name of the Subscriber	<input type="text"/>	<input type="text"/>
Date of Receipt of Application:	<input type="text" value="d d m m y y y y"/>	
		Stamp and Signature of Nodal Officer