Application for Allotment of Permanent Retirement Account Number (RDAN)

Application for Anothers of Permanent Retirement Account Number	· (PRAN) under NPS Lite		
(To be filled by FC)			
Acknowledgement No.	To affix recent		
Demonant Patients and Associated and Control of the	Coloured photograph of the subscriber		
Permanent Retirement Account Number: (To be filled after PRAN generation)	(3.5 cm × 2.5 cm)		
Sir/Madam,			
I hereby request that a NPS-Lite account be opened in my name and Permanent Retirement Account number (PRAN) be allotted based on the particulars given below:			
(To avoid mistake, please follow the accompanying instructions carefully before filling up the form. * indicates Mandatory Field)			
	Signature/Left Thumb Impression of Subscriber in black ink		
I. Full Name (Full expanded name: initials are not permitted): Shri Smt. Kumari First Name *	(Please Tick as applicable)		
Middle Name			
Last Name			
I would like my PRAN card to be printed in HINDI: Yes No (If Yes, please provide the 2. Gender* Please tick as applicable, Male Female 3. Date of Birth*	details on Page No. 2) (DD/MM/YYYY)		
4. Father's Full Name;	(BB/MW/1111)		
First Name *			
Middle Name			
Last Name			
5. Subscriber Mobile Number: 6. Membership Number			
7. Subscriber's Address *:			
Flat/Unit No, Block no. *			
Name of Premise/Building/Village			
Area/Locality/Taluka			
District/Town/City *			
State / Union Territory*			
Country *			
Pin Code *			
8 Subscribers Bank Details: (OPTIONAL, If provided details marked with * are mandatory) Savings A/c Current A/c Bank A/c Number *			
Bank Name *			
Bank Branch *			
Bank Address *			

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Pin Code		
Bank MICR Code		
Bank Branch IFSC (Indian Financial Systems Code)		
9. Choice of Pension Fund Manager* (Refer to instruction No. g):		
PFM Name (in alphabetical order)		
As Per Central Government Scheme (Refer to instruction No.h)	Please tick only one	
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. In case PFM is not selected, application form shall be summarily rejected).		
 10. Subscribers Nomination Details: (OPTIONAL - please refer to Sr. No. i of the instructions 1. Name of the Nominee; 	<i>i</i>)	
1st Nominee 2nd Nominee First Name	3rd Nominee	
	- I six regine	
Middle Name Middle Name	Middle Name	
Last Name		
Last Name	Last Name	
2. Date of Birth (In case of a minor):		
1st Nominee 2nd Nominee	3rd Norminee	
3. Relationship with the Nominee:		
2nd Nominee	3rd Nominee	
4. Percentage Share:		
1st Nominee % 2nd Nominee	% 3rd Nominee	
5. Nominee's Guardian Details (in case of a minor): 1st Nominee's Guardian Details 2nd Nominee's Guardian Details		
First Name First Name	3rd Nominee's Guardian Details First Name	
Middle Name Middle Name	Middle Name	
Last Name		
Last Name	Last Name	
Declaration & Authorization		
I hereby declare and agree that (a) I have read and understood the Offer Document, to and the answers entered in the application are mine. (b) I am a Citizen of India. (c) I have not be mind under any law for the time being in force. (d) I am not an undischarged insolvent. (e) I do	erms & conditions or the same was interpreted to me, sen found or declared to be of an unsound not hold any pre-existing account under NPS	
Declaration under the Prevention of Money Laundering Act, 2002 I hereby declare that:		
 The contribution paid has been derived from legally declared and assessed s 	sources of income.	

Annexure NL-S2	£.,
 I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also the right to close the NPS account in case I am found guilty of violating the provisions of an Competent Court of Law, having relation to the laws governing prevention of money launde. I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assi undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12 Central Government contribution credited to my account may be forfeited along with such in 	ny Law, directly or indirectly, by any ering in the country. istance under the scheme. I also
t, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Date: (DD/MM/YYYY)	Signature/Thumb Impression* of Subscriber
Authorization by Aggregator Office (NL-AO): Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that subabove declaration has been signed / thumb impressed before after (s)he has read the	t I
Signature of the Authorised Person Name of the Aggregator:NPS Lite- Account office (NL-AO) Registration Date:/ Place:NPS Lite- Collection Centre (NL-CC) Registration Number	Number:
INSTRUCTIONS FOR FILLING THE FORM a) Form to be filled legibly in BLOCK LETTERS (English only) and in BLACK INK only. Please fill the form in your application processing. Please do not overwrite. Corrections should be made by canceling and re-writin signed by the applicant. b) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a complete to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph a Signature /Thumb impression (LTI in case of males and RTI in case of females) should only be within the beshould not sign across the photograph. If there is any mark on the photograph which hinders the clear visibility application is liable to be rejected if the mandatory fields are left blank or the application is incomplete. The application is liable to be rejected if the mandatory fields are left blank or the application is incomplete. The subscriber's thumb impression should be verified by the designated officer of the Aggregator accepting the form. Investments would be made as per the Investment norms prescribed for Central Government Employees, three subscribers b) Subscriber also has option to select scheme applicable to Central Government Employees (mandatorily cover across three PFMs (SBI, UTI, LIC) in the ratio decided by NPS Trust/PFRDA. i) Subscriber's Nomination Details Percentage Share: 1) Subscriber can nominate a maximum of three nominees. 2) Subscriber cannot fill the same nominee details more than once. 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination will be rejected. Sum of percentage is a minor, then nominee's guardian details shall be mandatory. GENERAL INFORMATION FOR SUBSCRIBERS The Subscriber can obtain the status of his/her application from the respective Aggregator. For more information - Visit us at http://www.npscra.nxdl.co.in or Call us at 022-24994200 or e-mail Record Record Reeping Agency, Nationa	a blank box after each word. m. The photograph should not be stapled or affixed on the form.) ox provided in the form. The subscriber lity of the face of the subscriber, the ough the Pension Fund Manager selected by red under NPS). The i nvestment is made
Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mi Lower Parel (W), Mumbai - 400 013.	it us at <u>into.cra@nsdl.co.in</u> or write to Central ills Compound Senapati Bapat Marg,

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Details for printing PRAN card in	Hindi (please provide the	details in Devnagri script):
(* indicates Mandatory Field)		• •

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.

Subscriber's Full Nam	me:				
First Name *	:				
Middle Name	:		_		
Last Name	:		_		
Father's Full Name:					
First Name *	:				
Middle Name	:	-			
Last Name	:		-		
			Name of the	subscriber:	Signature/Thumb Impression of the subscriber