

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

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

How did you hear about NPS Friend / family Social media News paper / magazines TV / Radio Financial advisor / apps EmployerPRAN Card & Kit*
(refer sl no. 1 of instructions)

i. PRAN Card (please tick(√))

 ePRAN Card Physical PRAN Card

ii. Account Opening Kit (please tick (√))

 Through Email Physical Kit (Courier / post)

Print my PRAN in Hindi

 Yes No

If yes, please submit details as per Annexure I

Please select your category*

 Corporate All CitizenPaste recent passport size photograph
(3.5 cm × 2.5 cm size)
Do not sign across
Do not staple / clipTo,
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.)

CKYC Identifier

RA Code

1. PERSONAL DETAILS: (Refer Sr. No. 1 of the instructions)

Use Annexure II if name exceeds the space provided below

Salutation*

 Shri Smt. 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*

Select the name to appear on PRAN Card

 Father's name Mother's Name

Date of Birth*

d d m m y y y y

Place of Birth*

Country of Birth*

I N D I A

Gender*

 Male Female Transgender

Nationality*

I N D I A N

Marital Status*

 Unmarried Married Widow/Widower 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

Submission of PAN or Form 60 is mandatory

Annual Income Range*

 Below 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac to 1 Cr Above 1 Cr

Occupation Details*

 Public Sector Private Sector Professional Self Employed Homemaker Others.....

Please Tick if Applicable

 Politically exposed person Related to Politically exposed person

(Please refer instruction no. 1)

2. PROOF OF IDENTITY AND ADDRESS* (Refer Sr. No. 2 of the instructions)

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

Voter ID Card

Proof of possession of Aadhaar

Provide last four digits

NREGA Job Card

 PoP Certificate

National Population Register

(refer section 12)

3. CURRENT ADDRESS DETAILS* (Proof to be submitted)

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

 Saving A/c Current A/c

Bank A/c Number

Bank Name

B A R O D A U. P. B A N K

IFS Code

B A R B 0 B U P G B X

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

A. The nomination shall be in favor 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 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

F i r s t M i d d l e L a s t

(if nominee is a minor)



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1. PERSONAL DETAILS (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>			
Gender*	<input type="checkbox"/> M- Male		<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender
Marital Status*	<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others
Citizenship*	<input checked="" type="checkbox"/> IN- Indian		<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)	
Residential Status*	<input checked="" type="checkbox"/> Resident Individual		<input type="checkbox"/> Non Resident Indian	<input checked="" type="checkbox"/> Person of Indian Origin
	<input type="checkbox"/> Foreign National			
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector		<input checked="" type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector)
	<input type="checkbox"/> O-Others (<input type="checkbox"/> Professional		<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input checked="" type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving Licence <input type="text"/>	Driving Licence Expiry Date <input type="text" value="DD"/> - <input type="text" value="MM"/> - <input type="text" value="YYYY"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F- NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z- Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code <input type="text"/>	Identification Number <input type="text"/>

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input checked="" type="checkbox"/> UID (Aadhaar)	<input type="checkbox"/> Others <input type="text" value="please specify"/>	
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card			
	<input type="checkbox"/> Simplified Measures Account - Document Type code <input type="text"/>				

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*
Line 2
Line 3 City / Town / Village*
State* ZIP / Post Code* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -
FAX - Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative
Prefix First Name Middle Name Last Name
Name*
(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

A- Passport Number Passport Expiry Date - -
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date - -
 E- UID (Aadhaar)
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number
 S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - - Place :

[Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date - -
Emp. Name
Emp. Code
Emp. Designation
Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
Code

[Institution Stamp]