Office of the CDA, "Udayan Vihar", Narangi, Guwahati - 781 171 (Assam).

Ph No. (0361) 2640394 Ext 223, Fax No. (0361) 2640204,

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www.cdaguwahati.gov.in

IMPORTANT CIRCULAR

NO. DDP/I/NPS/18/ORDER/VOL-XXIV

Date: - 01.04.2015.

TO

- (I) The Area Accounts Office Bivar Road Shillong- 793001
- (II) The PAO (ORs) ARC Shillong Happy Valley, Shillong- 793007
- (III) The PAO (Ors) 58 GTC Happy valley, Shillong- 793007
- (IV) All the AOs GE/AGE (I)

SUBJECT:

Revision of Subscriber Registration Forms.

As per CRA NSDL circular No. CRA/ PO& RI/Master/2015/003 dated- 31.03.2015 received in this office all nodal offices are informed to use the new **Common Subscriber Registration Form** from April 01, 2015 for registration of subscribers in National Pension System (NPS).

The PAOs are requested to note that the subscribers are required to submit the self-attested coppies of supporting documents which needs to be verified with originals by the Nodal Office before submission to CRA-Facilitation Centre for processing. The new **Common Subscriber Registration Forms** can be downloaded from **CDA Guwahati** website www.cdaguwahati.gov.in.

In case of any further clarification, you may contact Mr Sunny Gonsalves at 022-24994856 (sunnyg@nsdl.co.in) or Mr. Avdhoot Shetye at 022-24994949 (avdhoots@nsdl.co.in).

Please acknowledge receipt.

(A. P. Chetia)

Asstt. Controller.

Copy to: -

The O/Ic

EDP Section (Local)

with the request to upload the same on CDA Guwahati

website.

(A. P. Chetia)

Asstt. Controller.

NATIONAL PENSION SYSTEM (NPS)

SUBSCRIBER REGISTRATION FORM Affix Please Select your Category [Please tick(√)] recent colour photograph **Government Sector** Corporate Sector To. 3.5 cm X 2.5 cm All Citizen Model NPS Lite/Swavalamban National Pension System Trust. size 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 with black ink pen. (Refer general guidelines at instructions page) 1. PERSONAL DETAILS: Name of Applicant in full Shri 🗌 Smt. Kumari First Name* Middle Name Last Name Date of Birth* d d 1 m m 1 y y y (Date of Birth should be supported by relevant documentary proof) Gender [Please tick (√)] Male Female Others Father's Name* 2. IDENTITY DETAILS* (Any one of the documents need to be provided) Aadhaar PAN Voter ID Others Passport 3. CORRESPONDENCE ADDRESS DETAILS* Landmark Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk City/Town/District PIN Code State/U.T. 4. PERMANENT ADDRESS DETAILS Tick $(\sqrt{})$ in the box in case the address is same as above. Landmark Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane Area/Locality/Taluk PIN Code City/Town/District State/U.T. Proof of Address (Correspondence/Permanent) Aadhar card Passport Voter ID card Driving License Ration Card Registered Lease Sale agreement of residence *Not more than 3 months old. Please refer Sr. No. 2 of the instructions 5. CONTACT DETAILS Landline Phone (with STD Code) Mobile + 9 1 No Do you want to subscribe to SMS Alerts: Yes Mobile number is essential for receiving sms alerts regarding your NPS account 6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions) Occupation Details [please tick(√)] Public Sector Business Professional Agriculture Private Sector Government Sector Homemaker Student NRI Other (please specify) Related to Politically exposed Person Please Tick If Applicable Politically exposed person 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above Income Range (per annum) Upto 1 lac HSC Below SSC SSC Graduate Masters Professionals (CA, CS, CMA, etc.) **Educational Qualifications** 7. SUBSCRIBER BANK DETAILS (Please refer to Sr no. 4 of the instructions) Account Type [please tick(√)] Saving A/c Current A/c Bank A/c Number Bank Name Branch Name **Branch Address** PIN Code Bank MICR Code IFSC Code

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Nominee	e's Guardia	an Details (in case of	a minor)						
Nominee	e's Guardia	an First		M i	d d 1 e		Last		
		TAILS (Please tick (√) a							
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DECLARATION BY EMPLOYER/POP/AGGR	EGATOR	
3 3	Applicable to Governm	
		attested by the Deptt. (All Details are Mandatory)
Date of Joining d d / n	1 m / y y y y	Date of Retirement d d l m m l y y y y
Employee Code/ID		
Group of Employee (Tick as applicable)	Group A Group B	Group C Group D
Office		
Department		
Ministry		
DDO Registration Number		
		Basic Pay
DTO/PAO/CDDO/DTA/PrAO Registration Nu	ribei	Dasic Fay
Pay Scale		
It is certified that the details provided in the	s subscriber registration form by	e record of the employee maintained by us. Also, it is further certified that he/she has
read entries/entries have been read over to h		
Signature of the Authorised person	Rubber Stamp of the DDO	Signature of the Authorised person Rubber Stamp of the DTO/PAO/CDDO/
(In the box above)	(In the box above)	(In the box above) DTA/PrAO (In the box above)
Designation of the Authorised Person		Designation of the Authorised Person
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO
Deptt/Ministry		Date dd / m m / y y y y
	Applicable to Corpora	ate Subscribers only
(Subscribers	s Employment Details to be filled and a	attested by Corporate (All Details are Mandatory))
Date of Joining d d / /	n m / y y y y	Date of Retirement ddd / m m / y y y y
Employee ID		
Corporate Regd. No Allotted by CRA		CBO No. allotted by CRA
Certified that the details provided in this subsc	riber registration form by	employed with us, including
the employment details provided above are as	s per the service record of the employed	e maintained by us. Also, it is further certified that he / she has read the entries / entries
have been read over to him / her by us and g	ot confirmed by him / her.	
	Date d d	1 m m 1 y y y y
Signature of the Authorized Person (In	the box above)	Rubber Stamp of the Corporate
Designation of the Authorized Person:		(In the box above)
To be t	illed by POP-SP (Only in case of Al	I Citizen Model or Corporate subscribers)
Receipt No. (17 digits)		POP-SP Registration Number
Document accepted for date of Birth Proof:		
Copy of PAN card submitted YES	NO KYC	Compliance YES NO
Existing Bank Customer:		
I/we hereby certify/confirm that Shri/Smt/Kun	at bran	
for opening NPS account have been fully cor	nplied with. We further confirm that the	e S. B. a/c of Sh/Smt/Kum
is not a Basic Savings Bank Deposit Accoun	ť.	
Adhaar Based KYC Certificate: I/we hereby certify that Aadhaar Number	of S	sh/Smt/Kumhas beer
checked and the name and address mention	ed on the original Aadhaar card are ma	atching with that mentioned on NPS application form.
To be filled by POP-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signat	ory Date d d / m m / y y y y
Decla	ration by the Aggregator (Only in cas	se of NPS Lite/Swavalamban Subscribers)
Authorisation by Aggregator's office (NL -	AO)	to the NDC I have be declare that the expensions is elimible to init NDC and the above
Certified that the subscriber is registered with declaration has been signed /thumb impresse	the aggregator and he/she has opted d before me by	to join NPS. I hereby declare that the subscriber is eligible to join NPS and the aboveafter (s)he has read the entries/ entries have been read over to her/him by me
Signature of the Authorised p	erson (In the box above)	Rubber Stamp of the Aggregator (In the box above)
Name of the Aggregator		
NPS Lite Account Office (NL-AO) Registration	Number	PS Lite - Collection Centre (NL - CC) Registration Number
Membership No. allotted by Aggregator (if an	y)	
Place	Date d d / m m /	y y y y
	ITo be filled by CDA Fee	ilitation Centre (CRA-EC)]
Received by	[To be filled by CRA - Fac	
Received by		C Registration Number
Received at		
		C Registration Number

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) 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 countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) 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 or the application form is printed back to back
- (c) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. 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.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (f) The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- (g) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website http://www.npscra.nsdl.co.in

S.No	Item No.	Item Details		Instru	ction	s
		Date of Birth	Plea	se ensure that the date of birth matches as indicated in the d	ocum	ent provided in the support.
1	1	Father's Name	ii.	If father's name has more than 30 digits, you may fill Annexu Father's name is mandatory. However, if applicant does no mother's name on Annexure II and the mother's name will be If the applicant wants mother's name to be printed instead of	t want	t to provide father's name, he/she has an option to provide ed on PRAN card
			S.No		S.No	
			1	Passport issued by Government of India.	1	Passport issued by Government of India
			2	Ration card with photograph.	2	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 Bank customer.	4	Certificate of the POP bank for an existing Bank customer
			5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address
			6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address
			7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	. 7	Letter from any recognized public authority at the leve of Gazetted officer like District Magistrate, Divisiona commissioner, BDO, Tehsildar, Mandal Revenue Officer Judicial Magistrate etc.
		Identity,	8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
2	2, 3 & 4	Correspondence & Permanent address details	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
			10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
			11	Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	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, Paramilitary and Police departments.	12	Latest Electricity/water bill in the name of the Subscriber showing the address (less than 3 months old)
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber 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 or stamp paper (in case of rented/leased accommodation)
			(ii)	If the address on the document submitted for identity proof by the account opening form, the document may be accepted as if the address indicated on the document submitted for identi- opening form, a separate proof of address should be obta address. If correspondence & Permanent address are differed in case of Government subscribers, the KYC documents may	a val ty pro- ined. nt, the	id proof of both identity and address. of differs from the current address mentioned in the account All future communications will be sent to correspondence on proof for both have to be submitted.
		Other Details (Occupation Details)		RI subscriber would need to furnish an Indian address for cor d be subject to regulatory requirements as prescribed by RBI		
3	6	Politically Exposed Person	coun	cally Exposed Persons' (PEPs) are individuals who are or h try, for example heads of state or of the government, senior utives of state-owned corporations, important political party o	politic	cians, senior government, judicial or military officials, senior
4	7	Subscriber's Bank Details	Subs for di	ier I, bank details are optional. For activation of Tier II, bank de criber Name, Bank Account Number and IFS Code) or Bank (rect credit or electronic transfer. In case if the cheque is not p certificate containing Name, Bank Account Number and IFS	Certific reprir	cate containing Name, Bank Account Number and IFS code, nted with name, additionally, a copy of the bank passbook or
5	8	Subscriber's Nomination Details	not b	se of more than one nominee, percentage share value for all e accepted in the nomination(s). Sum of percentage share ac equal to 100, entire nomination will be rejected.	cross	all the nominees must be equal to 100. If sum of percentage
6	12	Declaration by Subscriber		ature / Thumb impression should only be within the box provenodal officer with the official seal and stamp. Left Thumb In le.		

General Information for Subscribers

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.

For more information / clarifications, contact CRA: Website: https://www.npscra.nsdl.co.in

Call: 022-2499-4200

e-mail: info.cra@nsdl.co.in

Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

my family to receive the amount in my PRAN a	iccount under National Pension System in the event of	or my death.
. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
	Last Name	Last Name
Last Name	Last Name	Last Name
. Present Communication address of the no	minees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
b. Date of Birth* (Only in case of a minor):		
1st Nominee ddd/mm//yyyy	y 2nd Nominee d d / m m / y y y y	3rd Nominee d d / m m / y y y y
. Relationship with the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
. Percentage Share:		
1st Nominee	% 2nd Nominee %	3rd Nominee %
i. Nominee's Guardian Details (Only in case of	of a minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
Detect this	20 04	
Dated this day of	20 at	

*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

ertified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms		Annexure III to CS
after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her by me	O BE FILLED/ATTESTED BY DDO/POP-SP/NL-CC	
DO/POP-SP/NL-CC Registration Number Designation of the Authorised Person : DDO/POP-SP/NL-CC Office Name : ate		
DO/POP-SP/NL-CC Registration Number		
Allotted by CRA) DDO/POP-SP/NL-CC Office Name: DBE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO (Allotted by CRA): DDO/POP-SP/NL-AO/DTA/PrAO PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	Rubber Stamp of the DDO/POP-SP/NL-CC	Signature of the Authorised Person
DDO/POP-SP/NL-CC Office Name :		Designation of the Authorised Person :
D BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number (Allotted by CRA):	(Allotted by CRA)	DDO/POP-SP/NL-CC Office Name :
PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number (Allotted by CRA):	ate ddl/mm//yyyyy	
	BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrA	PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number
	ubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	
		Signature of the Authorised Person

							A	DI	DIT	0	NA	L	RE	QI	JES	T	DE	ΞΤ	AIL	s																
6																																				
1.	Name of Father (required if r	name e	exce	eeds	30 c	hara	acter	's ai	nd no	ot al	ble t	to b	e co	vere	ed or	p	age 1	1 0	f the	app	olicat	ion	form	1)												
	First Name				1																						1		1		L		1			
	Middle Name			i																																
	Last Name																																			
2.	Name of Mother (required or	nly if th	ne a	pplic	cant	wan	its m	othe	er's n	am	e to	be	print	ed	inste	ad	of F	ath	er's	nan	ne or	PF	RAN	Ca	rd)											
	First Name																									L										
	Middle Name		E	L								L	1	1	1				L	L		1				L					L		1	1	1	
	Last Name						1																				1	1								
	mandatory.			Sub	scri	ibeı	r's F	ull	Nar	ne	in l	Hir	ndi		,						(As	sele	cted	l in	the	Sul	oscri	iber	Re	gist	tratio	lind on fo	orm)	•		
	First Name																																			
	Middle Name																																			
	Last Name																																			
														N	ame	:																				
														P	lace	:																				
	Signature/Thumb Impre	ssion	n* c	of S	ubs	crib	oer i	n b	lack	in	ık			D	ate:		d		d	1	1	n	m		1	у	1	/	У	1	y					
(* L	II (Left Thumb Impression) in case	of ma	ile a	and F	RTI (F	Righ	nt Thi	umt	o Imp	res	sion	n) ir	case	e of	f fem	ale	:)											3								

	TIER II DETAILS
I hereby submit the following details for activation of	f Tier – II account under NPS.
PAN card Number (Mandatory) :	
2. Subscribers Bank Details: (Mandatory)	
If same as Tier I, Please Tick (√) else, provide	the details below: Savings A/c Current A/c
Bank A/c Number	
Bank Name	
Branch Name	
Branch Address	PIN CODE
	State/U.T. Country
Bank MICR Code	IFSC Code
Subscriber's Nomination Details	
If same as Tier I, Please Tick (√) else, provide the	details below. In case you desire to nominate more than one person, please fill Annexure III.
3. Name of the Nominee:	
	Idle Name Last Name
TISTNAME	Last Name
4. Date of Birth (In case of Minor)	1. y y y y .
5. Relationship with the Nominee:	
6. Nominee's Guardian Details (in case of a minor):	
First Name Mid	Idle Name Last Name
Subscriber Scheme Preference (Please refer offe	r document for further details):
	PF): Selection of PFM is mandatory both in Active and Auto Choice. In case, if you do not indicate
	u have consented to opting for the default option for the PF as prescribed by PFRDA. Currently, SBI
Pension Funds Private Limited is the default PFM.	
If same as Tier I, Please Tick ($$) else, provide the	details below
Pension Fund	Name Please tick only one (√)
LIC Pension Fund Limited	
SBI Pension Funds Private Limited	
UTI Retirement Solutions Limited	
ICICI Prudential Pension Funds Mana	agement Company Limited
Kotak Mahindra Pension Fund Limite	d
Reliance Capital Pension Fund Limite	ad .
HDFC Pension Management Compa	ny Limited .

Active Choice	Auto Choice	(For detai	ils on Auto Choice, please r	refer to the Offer Document)
) In case you have opted for	e any investment option, your funds will be invested in Auto Choice Auto Choice, DO NOT fill up section (iii) below relating to Asset Allocation ocation instructions will be ignored and investment made as per Auto Choice
ii). Asset Alloca	tion (to be filled up	o only in case	e you have selected the 'Activ	ve Choice' investment option)
Asset Class	E (Cannot ex 50%)	ceed	C G Total	Note:- 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%, tapplication shall be rejected by the POP.
			100%	
Declaration 8 A	uthorization by s	uheoribor		
for submission of I further agree to PFRDA, whether	f any false or incor be bound by the to complete or partic	rect informat terms and co al without an	tion or documents. Inditions of provision of service	any pre-existing account under NPS. I understand that I shall be fully liable ces by CRA, from time to time and any amendment thereof as approved ished by me. I shall be bound by the terms and conditions for the usage conditions.
I hereby declare NPS Trust has th	that the contributione right to peruse r	on paid by me	profile or share the information	red from legally declared and assessed sources of income. I understand the restand the restand the restand the restand the restand the restand to the restand the relating to prevention of money laundering.
I hereby declare NPS Trust has th	that the contributione right to peruse r	on paid by me	e/on my behalf has been derive	on, with other government authorities. I further agree that NPS Trust has to relating to prevention of money laundering. Signature/Thumb Impression* of
I hereby declare NPS Trust has thright to close my Date:	that the contributione right to peruse r	on paid by me	e/on my behalf has been derive	n, with other government authorities. I further agree that NPS Trust has to relating to prevention of money laundering.
I hereby declare NPS Trust has thright to close my Date:	that the contributione right to peruse r	on paid by me	e/on my behalf has been derive	on, with other government authorities. I further agree that NPS Trust has to relating to prevention of money laundering. Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)
I hereby declare NPS Trust has thright to close my Date:	that the contributio le right to peruse r PRAN in case I ar	on paid by me	e/on my behalf has been derive profile or share the information sting the provisions of any law	on, with other government authorities. I further agree that NPS Trust has to relating to prevention of money laundering. Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)
I hereby declare NPS Trust has thright to close my Date:	that the contributio le right to peruse r PRAN in case I ar	on paid by me	e/on my behalf has been derive profile or share the information sting the provisions of any law	on, with other government authorities. I further agree that NPS Trust has to relating to prevention of money laundering. Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)
I hereby declare NPS Trust has thright to close my Date: Place:	that the contribution in right to peruse representation of the PRAN in case I are sometimes of the peruse representation of the peru	on paid by me ny financial p n found viola	e/on my behalf has been derive profile or share the information sting the provisions of any law	on, with other government authorities. I further agree that NPS Trust has to relating to prevention of money laundering. Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)
I hereby declare NPS Trust has thright to close my Date: Place:	that the contribution in right to peruse representation of the PRAN in case I are sometimes of the peruse representation of the peru	on paid by me ny financial p n found viola	e/on my behalf has been derive profile or share the information sting the provisions of any law	on, with other government authorities. I further agree that NPS Trust has to relating to prevention of money laundering. Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)
I hereby declare NPS Trust has thright to close my Date: Place:	that the contribution in right to peruse representation of the PRAN in case I are sometimes of the peruse representation of the peru	on paid by me ny financial p n found viola	e/on my behalf has been derive profile or share the information sting the provisions of any law	signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)
I hereby declare NPS Trust has thright to close my Date: Place:	that the contribution in right to peruse representation of the PRAN in case I are sometimes of the peruse representation of the peru	on paid by me ny financial p n found viola	e/on my behalf has been derive profile or share the information sting the provisions of any law	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female) POP/POP(SP) Name:
I hereby declare NPS Trust has thright to close my Date:	that the contribution in right to peruse representation of the PRAN in case I are sometimes of the peruse representation of the peru	on paid by me my financial p m found viola	e/on my behalf has been derive profile or share the information sting the provisions of any law	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female) POP/POP(SP) Name: Designation: Place: