

Office of the CDA, "Udayan Vihar", Narangi, Guwahati - 781 171 (Assam).
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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 (QRs) ARC Shillong
Happy Valley, Shillong- 793007
- (III) The PAO (QRs) 58 GTC
Happy valley, Shillong- 793007
- (IV) All the AOs GE/AGE (I)

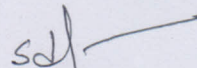
SUBJECT: Revision of Subscriber Registration Forms.

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).

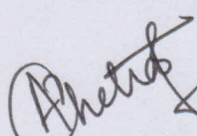
Please acknowledge receipt.


(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

Please Select your Category [Please tick(✓)]

- ☐ Government Sector
 ☐ Corporate Sector
☐ All Citizen Model
 ☐ NPS Lite/Swavalamban

Affix
recent colour
photograph
of
3.5 cm X 2.5 cm
size

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 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*

 (Date of Birth should be supported by relevant documentary proof)
 Gender [Please tick (✓)] Male ☐ Female ☐ Others ☐
 Father's Name*

 (Refer Sr. No. 1 of instructions)

2. IDENTITY DETAILS* (Any one of the documents need to be provided)

PAN

 Aadhaar

 Voter ID

 Passport

 Others

 Name of the ID

 ID Number

 Please refer Sr. No. 2 of the instructions.

3. CORRESPONDENCE ADDRESS DETAILS*

Flat/Room/Door/Block no.

 Landmark

 Premises/Building/Village

 Road/Street/Lane

 Area/Locality/Taluk

 City/Town/District

 PIN Code

 State/U.T.

 Country

4. PERMANENT ADDRESS DETAILS

☐ Tick (✓) in the box in case the address is same as above.

Flat/Room/Door/Block no.

 Landmark

 Premises/Building/Village

 Road/Street/Lane

 Area/Locality/Taluk

 City/Town/District

 PIN Code

 State/U.T.

 Country

Proof of Address (Correspondence/Permanent)

Aadhar card ☐ Passport ☐ Voter ID card ☐ Driving License ☐ Ration Card ☐ Registered Lease ☐ Sale agreement of residence ☐
 Latest Gas Bill* ☐ Electricity Bill* ☐ Telephone[Landline] Bill* ☐ Others (please specify)

*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

 Email ID

 Do you want to subscribe to SMS Alerts : Yes ☐ No ☐ 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(✓)]
 Private Sector ☐ Government Sector ☐ Public Sector ☐ Business ☐ Professional ☐ Agriculture ☐
 Homemaker ☐ Student ☐ NRI ☐ Other (please specify)

 ► Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐
 ► Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac and above ☐
 ► Educational Qualifications Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professionals (CA, CS, CMA, etc.) ☐

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

 State/U.T.

 Country

 Bank MICR Code

 IFSC Code

12. DECLARATION BY EMPLOYER/POP/AGGREGATOR

Applicable to Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Retirement	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee Code/ID	<input type="text"/>		
Group of Employee (Tick as applicable)	Group A <input type="checkbox"/>	Group B <input type="checkbox"/>	Group C <input type="checkbox"/> Group D <input type="checkbox"/>
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"/>	Basic Pay	<input type="text"/>
Pay Scale	<input type="text"/>		

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. 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 (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation 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"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Retirement	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee ID	<input type="text"/>		
Corporate Regd. No Allotted by CRA	<input type="text"/>	CBO No. allotted by CRA	<input type="text"/>

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee 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 got confirmed by him / her.

Signature of the Authorized Person (In the box above)	Date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Place	<input type="text"/>
Designation of the Authorized Person:	Rubber Stamp of the Corporate (In the box above)	

To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)

Receipt No. (17 digits)	<input type="text"/>	POP-SP Registration Number	<input type="text"/>
Document accepted for date of Birth Proof:	<input type="text"/>		
Copy of PAN card submitted	YES <input type="checkbox"/> NO <input type="checkbox"/>	KYC Compliance	YES <input type="checkbox"/> NO <input type="checkbox"/>

Existing Bank Customer:

I/we hereby certify/confirm that Shri/Smt/Kum is an existing customer of the Bank having fully operative Saving Bank account no at branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account'.

Aadhaar Based KYC Certificate:

I/we hereby certify that Aadhaar Number of Sh/Smt/Kum has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

To be filled by POP-SP	Name:	
	Designation:	Place:
	POP-SP Seal	Signature of Authorized Signatory
Date		<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Declaration by the Aggregator (Only in case of NPS Lite/Swavalamban Subscribers)

Authorisation by Aggregator's office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by after (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)
---	---

Name of the Aggregator	<input type="text"/>		
NPS Lite Account Office (NL-AO) Registration Number	<input type="text"/>	NPS Lite - Collection Centre (NL - CC) Registration Number	<input type="text"/>
Membership No. allotted by Aggregator (if any)	<input type="text"/>		
Place	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by	<input type="text"/>	CRA-FC Registration Number	<input type="text"/>
Received at	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Acknowledgement Number (by CRA-FC)	<input type="text"/>		
PRAN Alloted	<input type="text"/>		

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.npsra.nsd.co.in>

S.No	Item No.	Item Details	Instructions																																																																
		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																																
1	1	Father's Name	i. If father's name has more than 30 digits, you may fill Annexure II for the same. ii. Father's name is mandatory. However, if applicant does not want to provide father's name, he/she has an option to provide mother's name on Annexure II and the mother's name will be printed on PRAN card iii. If the applicant wants mother's name to be printed instead of Father's name on PRAN Card, he/she must fill Annexure II																																																																
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Government</td><td>10</td><td>Job cards issued by NREGA duly signed by an officer of the State Government</td></tr> <tr> <td>11</td><td>Identity card issued by Central/State government and its Departments, statutory/ 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.</td><td>11</td><td>The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.</td></tr> <tr> <td>12</td><td>Photo Identity Card issued by Defence, Paramilitary and Police departments.</td><td>12</td><td>Latest Electricity/water bill in the name of the Subscriber showing the address (less than 3 months old)</td></tr> <tr> <td>13</td><td>Ex-Service Man Card issued by 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			Note: (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted. (iii) In case of Government subscribers, the KYC documents may be submitted within a period of 30 days after generation of PRAN.																																																																
3	6	Other Details (Occupation Details)	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.																																																																
		Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.																																																																
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). 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.																																																																
6	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the nodal officer with the official seal and stamp. Left Thumb Impression in case of male and Right Thumb Impression in case of female.																																																																

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:
 Website: <https://www.npsra.nsd.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.

TO BE FILLED/ATTESTED BY DDO/POP-SP/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
 _____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the DDO/POP-SP/NL-CC

Signature of the Authorised Person

DDO/POP-SP/NL-CC Registration Number _____
 (Allotted by CRA)

Designation of the Authorised Person : _____

DDO/POP-SP/NL-CC Office Name : _____

Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

TO 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): _____

Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO

Signature of the Authorised Person

ADDITIONAL REQUEST DETAILS**1. Name of Father** (required if name exceeds 30 characters and not able to be covered on page 1 of the application form)

First Name

Middle Name

Last Name

2. Name of Mother (required only if the applicant wants mother's name to be printed instead of Father's name on PRAN Card)

First Name

Middle Name

Last Name

3. Request for Printing Permanent Retirement Account Number (PRAN) card in Hindi (required only if applicant wants PRAN card in Hindi)

Please provide the following details in Devnagri script for printing the PRAN card in Hindi. Also, 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. All the given below fields are mandatory.

	Subscriber's Full Name in Hindi	Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.
First Name		
Middle Name		
Last Name		

	Name: <input type="text"/>
	Place: <input type="text"/>
Signature/Thumb Impression* of Subscriber in black ink	Date: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

TIER II DETAILS

I hereby submit the following details for activation of Tier – II account under NPS.

1. 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. C o u n t r y

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:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Date of Birth (In case of Minor)

5. Relationship with the Nominee:

6. Nominee's Guardian Details (in case of a minor):

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Subscriber Scheme Preference (Please refer offer document for further details):

7. (i). **Pension Fund (PF) Selection (Select only one PF):** Selection of PFM is mandatory both in Active and Auto Choice. In case, if you do not indicate a choice of PF, please note that it is deemed that you 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	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
Reliance Capital Pension Fund Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>

(ii). Investment Option (Please Tick (✓) in the box given below showing your investment option)

Active Choice	Auto Choice	(For details on Auto Choice, please refer to the Offer Document)
		Note:- (a) In case you do not indicate any investment option, your funds will be invested in Auto Choice (b) 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%)	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%, the application shall be rejected by the POP.
				100%	

Declaration & Authorization by subscriber

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the National Pension System Trust, of any change in the above information furnished by me. 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.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-pin (to access CRA/NPSCAN and view details) & T-pin on the CRA website.

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
Subscriber in black ink
(* LTI in case of male and RTI in case of female)

To be filled by POP/POP(SP)POP-SP Registration Number Copy of PAN Card Submitted YES ☐ NO ☐

		Name:
		Designation:
		Place:
POP-SP Seal	Signature of Authorised Signatory	Date <input type="text"/>