

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.nsdli.co.in>

| S.No | Item No. | Item Details | Instructions | | | |
|----------|--------------------|--|---|---|------|---|
| 1 | 1 | Date of Birth | Please ensure that the date of birth matches as indicated in the document provided in the support. | | | |
| | | 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 | | | |
| 2, 3 & 4 | | Identity, Correspondence & Permanent address details | 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 | | | |
| | | | S.No | Proof of Identity (Copy of any one) | S.No | Proof of Address (Copy of any one) |
| | | | 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 level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc. |
| | | | 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 |
| | | | 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, 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. | 11 | 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. |
| | | | 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) | | | |
| | | | Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation) | | | |

| | | | |
|---|----|------------------------------------|--|
| 3 | 6 | Other Details (Occupation Details) | 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. |

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.

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 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.

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.

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.

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.npscra.nsdli.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.

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

First Name* Shri Smt. Kumari

Middle Name

Last Name

Date of Birth* dd / mm / yy yy (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)

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

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

PAN Aadhaar Voter ID

Passport Others Name of the ID I D N u m b e r 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. C o u n t r y

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 PIN Code

City/Town/District C o u n t r y

State/U.T.

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

Bank MICR Code

State/U.T. PIN Code

IFSC Code

C o u n t r y

8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No. 5 of the instructions)

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)

Nominee Name F | i | r | s | t | M | i | d | d | e | L | a | s | t | d | d | / | m | m | / | y | y | y | y |

Relationship with the Nominee _____ Date of Birth (In case of Minor)

Nominee's Guardian Details (In case of a minor) _____

Nominee's Guardian F | i | r | s | t | M | i | d | d | e | L | a | s | t | _____

9. NPS OPTION DETAILS (Please tick (✓) as applicable)

I would like to subscribe for Tier II Account also YES NO If yes, please submit details in Annexure I. (Tier II account is not available for NPS Lite/Swavalamban subscribers).

I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*

(i) **PENSION FUND SELECTION (Tier I) :** The names of the all PFs are mentioned in the instructions page and are available to the all sector subscribers with following conditions:

- (i) **Government Sector:** For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government: (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.
- (ii) **NPS Lite/Swavalamban:** NPS Lite Swavalamban is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.
- (iii) **All Citizen Model:** Subscribers under All Citizen model has the option to choose the available PFs as per their choice in the table below.
- (iv) **Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

| Name of the Pension Fund | Please Tick (✓) | Availability of the Pension Funds | | |
|---|--------------------------|-----------------------------------|---------------------------------|-------------------------------|
| | | Available to Government Sector | Available to All Citizen Model* | Available to Corporate Model* |
| 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"/> | | | |

* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

(ii) INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)

(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. Please note:

1. In case you do not indicate any investment option, your funds will be invested in Auto Choice
2. In case you have opted for Auto Choice, DO NOT fill up section below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be 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 total allocation across E, C and G asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

11. DECLARATION BY SUBSCRIBER* (Please refer to Sr. no. 6 of the instructions)

Declaration & Authorization by all subscribers

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 Central Record Keeping Agency/National Pension System Trust, or 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.

Additional declaration by Swavalamban subscriber

I have read/explained to me and understood the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

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 d | d | / | m | m | / | y | y | y | y |

Place :

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of female)

ACKNOWLEDGEMENT

Name of the Subscriber: _____

Contribution Amount Remitted: ₹ _____

Date of Receipt of Application and Contribution Amount: d | d | / | m | m | / | y | y | y | y |

Stamp and Signature of the Employer/PoP/Aggregator:

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 / /

Employee Code/ID

Group of Employee (Tick as applicable) Group A Group B Group C Group D

Office

Department

Ministry

DDO Registration Number **S G V 1 8 3 4 5 5 B**

DTO/PAO/CDDO/DTA/PrAO Registration Number **4 0 1 7 3 7 0**

Basic Pay

Pay Scale

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 | | Designation of the Authorised Person | |
| Name of the DDO | | Name of DTO/PAO/CDDO/DTA/PrAO | |
| Deptt./Ministry | | Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | Date <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 / /

Employee ID

Corporate Regd. No Allotted by CRA

CBO No. allotted by CRA

Date of Retirement / /

It is 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"/> |
| Designation of the Authorized Person: | Place <input type="text"/> |
| 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)

Document accepted for date of Birth Proof:

POP-SP Registration Number

Copy of PAN card submitted YES NO

KYC Compliance YES NO

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'.

Adhaar Based KYC Certificate:

I/we hereby certify that Adhaar 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: <input type="text"/> |
| | Designation: <input type="text"/> |
| 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"/> |
| | Place: <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

| | |
|--|--|
| 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"/> |

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

Received by

Received at

Acknowledgement Number (by CRA-FC)

PRAN Allotted

CRA-FC Registration Number

Date / /

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: |
| | Place: |
| 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"/> |

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

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.

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. 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 |

2. Present Communication address of the nominees:

| Address of 1st Nominee | Address of 2nd Nominee | Address of 3rd Nominee |
|------------------------|------------------------|------------------------|
| | | |
| | | |
| | | |

3. Date of Birth* (Only in case of a minor):

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|---------------------|---------------------|---------------------|
| d d / m m / y y y y | d d / m m / y y y y | d d / m m / y y y y |

4. Relationship with the Nominee:

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

5. Percentage Share:

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|-------------|-------------|-------------|
| % | % | % |

6. Nominee's Guardian Details (Only in case 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 |

Dated this _____ day of _____ 20 _____ at _____

| |
|--|
| |
| Signature/ Thumb Impression* of the Subscriber |

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

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
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|--|--|--|--|

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