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Request For Char	•			(s), please r														
For POP-SP/DDO/NL-CO	cuse:				7	For	POP	P/POP-S	P/PAO/	DTO/D	TA/PrA	O/ NL	AO/	NL-OC) use	:		
Registration No					Registration No.:													
Date of Receipt:		_				Dat	e of F	Receipt				OP/P			D/DTO	/DTA/I	PrAO/	NL-AO/
Signature and Stamp of P	POP-SP/I	DDO/N	L-CC					By : By:										
Receipt No.: (Mandatory for PC	DP/POP-SP	P)			_													
Acknowledgement No. To be filled by Nodal Office as ge	enerated b	y NPSC/	AN / CRA s	system)														
nereby request for the followi	ing details	s for the	e change	Please tic	< (✓)].													
) Change or Correction) Reissue of PRAN Car ermanent Retirement Active the following of th	[.] d ccount l	Numbe	ər *:]]		Reissu] tion is	roquirg	d and	provide	the de	tails in t
ection A – Change or Co		_									cnange	correc	uon is	require	a ana	provide	e ine de	etans mi
1. PERSONAL DETAIL	S: (Pleas	e refer t	o Sr. No.1	of the instr	uctions)												
Name of Applicant in full		Shri		Smt.			imari											
First Name*																		
Middle Name																		
Last Name																		
Subscriber's Maiden Name																		
Father's Full Name: First Name																		
Middle Name																		
Last Name																		
Mother's Full Name:																		
First Name																		
Middle Name																		
Last Name																		
Date of Birth																		
(Date of Birth should be sup	ported by		t documer			Office sl	hall ve		ame befo	ore upda	iting det	ails in t	he CR	A syste	m.)			
Gender [please tick (✓)] Marital Status [please tic	vk (√)1	Male Marrie		Fema Unma				Others Others										
PAN CARD	, (,)]	IVIAITIC	-u	Unina	ameu			Others										
Spouse Name (Refer Sr. No. 1 of instructions)																		
KYC Number										Genera	ted from C	entral KY	C Regist	try. Submis	ssion of p	proof for th	ne same i	s necessar
Retirement Adviser Code KYC Number, Retirement A	ldvicer C	odo ond	I Spausa	Nomo field	oro na	t oppli	aabla	for Cove	rnmont	NDC	ite Sub	ooribo						
_																		
2. PROOF OF IDENTIT	' Y (Pol) (Any one	e of the do	cuments ne	ed to b	e provid	ded al	-			number) [Please	e refer \$	Sr. No. 2	of the ir	structior	ns]	
Passport								Passpo		y Date			/ r		/			
Voter ID Card								PAN Ca		-				,				
Driving License								Driving	License	e ⊨xpir	y Date			/ m		/ у		
NREGA JOB Card																		
Others	Name o	f the Ir	<u>ן</u>											Please	ofor Cr	No. 2 of	the inct	n intione

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3. PROOF OF ADDRESS (PoA)	Correspondence Address		Permanent Address									
[Please tick (\checkmark), as applicable]	Passport /Driving License/UID (Aadhaar)/Voter I Card/Ration Card/Others	D card/NREGA Job	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others									
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Registered Lease/Sale agreement of residence/M	Iunicipal Tax	Card/Ration Card/Otners Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid									
	Receipt #Latest Piped Gas/Water/Electricity/Telephone[La	andline or postpaid										
	mobile] Bill		mobile] Bill									
4.1 CORRESPONDENCE ADDRESS DE	TAILS [Please refer Sr. No. 2 of the instructions]											
Address Type* Residential/	Business Residential Busi	iness F	Registered Office Unspecified									
Flat/Room/Door/Block no.		Landma	ark									
Premises/Building/Village												
Road/Street/Lane												
Area/Locality/Taluk												
City/Town/District			PIN Code									
State/U.T.												
4.2 PERMANENT ADDRESS DETAILS			as above.] (Please refer Sr. No. 2 of the instructions)									
Address Type* Residential/	Business Residential E	Business	Registered Office Unspecified									
Flat/Room/Door/Block no.		Landma	ark									
Premises/Building/Village												
Road/Street/Lane												
Area/Locality/Taluk												
City/Town/District			PIN Code									
State/U.T.												
5. CONTACT DETAILS												
	Tel (Dee) (with CTD code)										
Tel. (Off) (with STD code) +		Tel. (Res) (with STD code) +										
Mobile + 9 1	(MODIIE I	Number is requir	ed for communication and to get SMS alerts)									
Email ID												
6. OTHER DETAILS (Please refer to Sr no.	3 of the instructions)											
► Occupation Details [please tick(✓)]												
Private Sector Dublic Sector	Government Sector Profession	onal										
Self Employed Homemaker		Please Specify)										
Income Range (per annum) Upto 1 la			c to 25 lac 25 lac and above									
Educational Qualifications Below SS Belows Tick If Applicable Bolitical												
••		olitically expose										
7. SUBSCRIBER BANK DETAILS [All b	eank details are mandatory except MICR Co	ode.] (Please ref	er to Sr no. 4 of the instructions)									
You want to change Bank details of: Tie	er I Tier II											
(In case you want to change bank details	in both Tier I & Tier II Account, tick both che	eck box)										
Tier I Account : Savings A/c	Current A/c											
Bank A/c Number												
Bank A/c Number												
Bank A/c Number Bank Name			PIN Code									
Bank A/c Number Bank Name Branch Name												
Bank A/c Number Bank Name Branch Name	State/U.T.											
Bank A/c Number Bank Name Branch Name Branch Address Bank MICR Code	IFS Code											
Bank A/c Number Bank Name Branch Name Branch Address Bank MICR Code Tier II Account: If same as Tier I, PI	IFS Code ease Tick (✓) else, provide the details be											
Bank A/c Number Bank Name Branch Name Branch Address Bank MICR Code Tier II Account: If same as Tier I, PI Savings A/c	IFS Code	low:										
Bank A/c Number Bank Name Branch Name Branch Address Bank MICR Code Tier II Account: If same as Tier I, PI Savings A/c Bank A/c Number	IFS Code ease Tick (✓) else, provide the details be	low:										
Bank A/c Number Bank Name Branch Name Branch Address Bank MICR Code Tier II Account: If same as Tier I, PI Savings A/c Bank A/c Number Bank Name	IFS Code ease Tick (✓) else, provide the details be											
Bank A/c Number Bank Name Branch Name Branch Address Bank MICR Code Tier II Account: If same as Tier I, PI Savings A/c Bank A/c Number Bank Name Branch Name	IFS Code ease Tick (✓) else, provide the details be											
Bank A/c Number Bank Name Branch Name Branch Address Bank MICR Code Tier II Account: If same as Tier I, PI Savings A/c Bank A/c Number Bank Name	ease Tick (✓) else, provide the details be Current A/c		C o u n t r y									
Bank A/c Number Bank Name Branch Name Branch Address Bank MICR Code Tier II Account: If same as Tier I, PI Savings A/c Bank A/c Number Bank Name Branch Name	IFS Code ease Tick (✓) else, provide the details be											

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8. SUBSCRIBERS NOMINATION DETAILS (Ple	ase refer to Sr. No . 5 of the instructions)	
You want to change Nomination details of: Tie	r I Tier II	
(In case you want to change nomination details in		
Tier I Account :	······································	
	mum of 2 nominana and if you dooira as places fill in Additiona	
First Name	mum of 3 nominees and if you desire so please fill in Additiona Middle Name	Last Name
Relationship with the Nominee	Date of Birth (In case of M	Ainor) d d / m m / y y y y
Nominee's Guardian Details (in case of a minor)		
First Name	Middle Name	Last Name
Tier II Account : If same as Tier I, Please T	ick (\checkmark) else, provide the details below:	
Name of the Nominee (You can nominate up to a maxin	mum of 3 nominees and if you desire so please fill Additional I	Nomination Form provided on pages 4 & 5 separately)
First Name	Middle Name	Last Name
Relationship with the Nominee	Date of Birth (In case of N	Minor) d d / m m / y y y y
Nominee's Guardian Details (in case of a minor)		
First Name	Middle Name	Last Name
 T-PIN I-PIN Section C - Request for Reissue of PRAI Reissue of T-PIN, I-PIN and reissue of PRA per the preference given at the time of regis 1 the applicant, do hereby declare that the information & belief. Date : d d / m m / y y y y To be filled by POP / POP-SP KYC Compliance : Yes KYC document accepted for identify proof : Copy of PAN card submitted : Yes PAN Compliance : Yes 	N card will be chargeable to Subscriber/emplo stration under NPS. provided above is true to the best of my knowledge	byer by CRA. PRAN Card will be re-printed as Signature/Thumb Impression* of the Subscriber
	Signature of Auth Name : Designation :	
POP / POP-SP Seal		

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	ADDITIONAL NOMINATION F	ORM
	INSTRUCTIONS FOR FILLING IN TH	IE FORM
are withdrawn is to be provided hereunder (Please	refer instruction no: 5). Also, please note the sent in the NPS account of the Subscriber s	in case of the demise of the Subscriber before entire proceeds at in case of demise of the Subscriber after opting for deferred shall be withdrawn upon receiving the request and paid to the e of the obligation.
I hereby submit the Nomination details for: (Pleas	e Tick{⁄}) Tier I Tier II	account under NPS.
(Please Tick on above both the option (i.e Tier I an	d Tier II) in case you want to retain same no	mination for both account and in case of different nomination
kindly fill separate Nomination Form)		
I, of my family to receive the amount in my PRAN acc		minate the person(s) mentioned below who is/are member(s)/ e event of my death.
1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name Middle Name Last Name	First Name Middle Name Last Name	First Name Middle Name Last Name
2. Present Communication address of the nom	nees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee d I m m I y <th< th=""><th>2nd Nominee d d / m m / y y</th><th>y y y 3rd Nominee d d 1 m m 1 y y y y</th></th<>	2nd Nominee d d / m m / y y	y y y 3rd Nominee d d 1 m m 1 y y y y
4. Relationship with the Nominee:	and Nominee	2nd Nomines
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	i 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 POP-SP/DDO/NL-CC						
Certifie	d that the above declaration and nomination details has been signed /						
	after he / she have read the entries / entr	ies have been read over to him / her by me and got confirmed by him / her.					
	Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person					
	P/DDO/NL-CC Registration Number	Designation of the Authorized Person :					
	tted by CRA)	Designation of the Authorised Person :					
		POP-SP/DDO/NL-CC Office Name :					
Date	d d I m m I y y y y						
TO BE	FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO						
		POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number					
		(Allotted by CRA):					
Rubbo	Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO						
		Signature of the Authorised Person					
		•					

INSTRUCTIONS FOR FILLING THE FORM

General Guidelines

- (a) This form is to be used for the purpose of change/correction in Subscriber master details, reissue of I-Pin /T-Pin, reissue of PRAN card.
- (b) The form is to be submitted at the Nodal Office POP/POP-SP for carrying out the necessary changes.
- (c) Please tick the box on the left margin of appropriate row where change/correction is required and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested.
- (d) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- (e) Details Marked with (*) are the mandatory fields. Mention 12 digits PRAN correctly.
- (f) All Dates should be in "DD/MM/YYYY" Format.

(g) Reissue of T-PIN, I-PIN and reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

S. No	ltem No.	Item Details	Instructions							
1	1	Spouse Name	If married, spouse name is mandatory.							
			S.No	S.No Proof of Identity (Copy of any one)		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 resident address				
			4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing 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 Gazetted officer like District Magistrate, Divisional commission BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate e				
		Identity,	8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member Parliament or Member of Legislative Assembly				
		Correspondence & Permanent address details	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority India clearly showing the address				
2	2 2,3&4		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 t 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.		The identity card/document with address or letter of allotme of accomodation issued by any of the following: Centr State Government and its Departments, Statutory/Regulate Authorities, Public Sector Undertakings, Scheduled Commerc Banks, Financial Institutions and listed companises for th employees.Pension or Family Pension Payment Orders issue by Govt. Departments or PSU containing address.				
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscrit / Claimant and showing the address (less than 2 months old)				
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name the Subscriber / Claimant and showing the address (less than 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 on star paper (in case of rented/leased accommodation)				
			(ii) If to op	prospective customer is same as that declared by him/her alid proof of both identity and address. bof differs from the current address mentioned in the accou uture communications will be sent to correspondence address for both have to be submitted.						
3	6	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	In case, subscriber provides bank details, it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.							
5	8	Subscriber's Nomination Details	not be			e nominees must be integer. Decimals/Fractional values sh s all the nominees must be equal to 100. If sum of percenta				
				General Information for Subscribe	rs					
) Sı	bscribers		he ackı	General Information for Subscribe is/her application from their designated Nodal Officer/employe nowledgement slip signed/ stamped by the Nodal Officer / POI	r.	P-SP where they submit the application.				

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242 <u>Address</u>: Central Recordkeeping Agency (CRA) NSDL e-Governance Infrastructure Limited 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013