

To
Central Recordkeeping Agency
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
Times Tower, 1st Floor, Kamala Mills Compound
Senapati Bapat Marg, Lower Parel (West)
Mumbai, Maharashtra
PIN- 400013

In ref. to the office memorandum (Ref No: 1(13)/EV/2008) dated November 28, 2008 and January 30, 2009, issued by the Department of Expenditure, Ministry of Finance, as a Central Autonomous Body, we are submitting the following details along with the 'Letter of consent' for the purpose of operationalisation of NPS.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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[illegible]

Phone Number

[illegible]

Phone Number

[illegible][illegible]

Centralised ☐Decentralised ☐

Bank Account Type*

Savings A/c ☐Current A/c [illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible]

[illegible][illegible][illegible][illegible][illegible]

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Name*:

[illegible][illegible][illegible][illegible][illegible]

11. Name of the authorised signatories and their respective signatures: (The resolution stating the same passed in the *(Board/Governing body or any other relevant authority as the case maybe is enclosed)*)

Sr. No.	Name of the authorised signatories	Signature

I/We hereby agree and declare that the information provided in the application, is complete and true to the best of our knowledge.

<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> Stamp of CAB </div>	
	Signature of Authorised Signatory
	Name: _____ Place: _____ Designation: _____ Date: _____

Notes:

1. Please forward this form together with the 'letter of consent' on the letter head of the Central Autonomous Body signed by authorized signatory.
2. Kindly ensure that all columns are properly filled.
3. Fields marked with * are mandatory.
4. Kindly provide approximate number of NPS subscribers associated with your organization.