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NATIONAL PENSION SYSTEM Application for Allotment of Permanent Retirement Account Number (PRAN) under NPS Lite (To be filled by FC) Acknowledgement No. To affix recent Coloured photograph of the subscriber Permanent Retirement Account Number: (To be filled after PRAN generation) $(3.5 \text{ cm} \times 2.5 \text{ cm})$ Sir/Madam, I hereby request that a NPS-Lite account be opened in my name and Permanent Retirement Account number (PRAN) be allotted based on the particulars given below: (To avoid mistake, please follow the accompanying instructions carefully before filling up the form. * indicates Mandatory Field) Signature/Left Thumb Impression of Subscriber in black ink 1. Full Name (Full expanded name: initials are not permitted): Shri Smt. (Please Tick as applicable) Kumari First Name * Middle Name Last Name I would like my PRAN card to be printed in HINDI: No (If Yes, please provide the details on Page No. 2) Yes 3. Date of Birth * (DD/MM/YYYY) 2. Gender * Please Tick as applicable, Male Female 4. Father's Full Name: First Name * Middle Name Last Name 5. Subscriber Mobile Number: 6. Membership Number allotted by Aggregator (if any): 7. Subscriber's Address (OPTIONAL. If provided details marked with * are mandatory): Flat/Unit No, Block no. * Name of Premise/Building/Village Area/Locality/Taluka District/Town/City * State / Union Territory* Country Pin Code * 8 Subscribers Bank Details: (OPTIONAL. If provided details marked with * are mandatory) Savings A/c Current A/c Bank A/c Number Bank Name Bank Branch Bank Address Pin Code Bank MICR Code

Bank Branch IFSC

(Indian Financial Systems Code)

Annexure NL-S1 Page 2 9. Subscribers Nomination Details: (OPTIONAL - please refer to Sr. No. g of the instructions) 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. Date of Birth (In case of a minor): 1st Nominee 2nd Nominee 3rd Nominee 3. Relationship with the Nominee: 1st Nominee 2nd Nominee 3rd Nominee 4. Percentage Share: 1st Nominee % 2nd Nominee 3rd Nominee 5. Nominee's Guardian Details (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 **Declaration & Authorization** I hereby declare and agree that (a) I have read and understood the Offer Document, terms & conditions or the same was interpreted to me, and the answers entered in the application are mine. (b) I am a Citizen of India. (c) I have not been found or declared to be of an unsound mind under any law for the time being in force. (d) I am not an undischarged insolvent. (e) I do not hold any pre-existing account under NPS. Declaration under the Prevention of Money Laundering Act, 2002 I hereby declare that: 1. The contribution paid has been derived from legally declared and assessed sources of income. I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust has the right to close the NPS account in case I am found guilty of violating the provisions of any Law, directly or indirectly, by any Competent Court of Law, having relation to the laws governing prevention of money laundering in the country. _, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Signature/Thumb (DD/MM/YYYY) Date: Impression* of Subscriber Authorization by Aggregator Office (NL-AO): Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that subscriber is eligible to join NPS and the above declaration has signed thumb impressed before me after (s)he has read the entries / entries have been read over to him / her by me. (Rubber Stamp of the Aggregator) Signature of the Authorised Person

NPS Lite- Account office (NL-AO) Registration Number:

Place : _____ NPS Lite- Collection Centre (NL-CC) Registration Number :

Name of the Aggregator:_

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INSTRUCTIONS FOR FILLING THE FORM

- a) Form to be filled legibly in BLOCK LETTERS (English only) and in BLACK INK only. 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 canceling and re-writing and such corrections should be countersigned by the applicant.
- b) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- c) The subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- d) Signature /Thumb impression (LTI in case of males and RTI in case of females) should only be within the box provided in the form. The subscriber should not sign across the photograph. If there is any mark on the photograph which hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- e) The application is liable to be rejected if the mandatory fields are left blank or the application is incomplete.
- f) The subscriber's thumb impression should be verified by the designated officer of the Aggregator accepting the form.
- g) Subscriber's Nomination Details

Percentage Share:

- 1) Subscriber can nominate a maximum of three nominees.
- 2) Subscriber cannot fill the same nominee details more than once.
- 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s).
- 4) 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. Nominee's Guardian Details:
- 5) If a nominee is a minor, then nominee's guardian details shall be mandatory.

GENERAL INFORMATION FOR SUBSCRIBERS

a) The Subscriber can obtain the status of his/her application from the respective Aggregator.

For more information - Visit us at http://www.npscra.nsdl.co.in or Call us at 022-24994200 or e-mail us at info.cra@nsdl.co.in or write to Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

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of birth will be p	printed in English only.	WI MINISTER OF THE WAR AND THE	ll be displayed on the PRAN card. However
Subscriber's Full	Name:		
First Name *	:		
Middle Name	:		
Last Name	:		
Father's Full Nai	ne:		
First Name *	:		
Middle Name	:		
Last Name	:		
			Signature/Thumb Impression of the subscriber
			impression of the subscriber
		Name of the s	ubscriber: