Annexure UOS-S1	Page 1
COMPOSITE APPLICATION FORM FOR SUBSCRIBER REGISTRATION	
(* Indicates Mandatory Field) (To avoid mistake(s), please follow the accompanying instructions before filling up the form)	
Receipt No.	To affix recent Coloured photograph
(To be filled by POP-SP)	$(3.5 \text{ cm} \times 2.5 \text{ cm})$
Permanent Retirement Account Number : (To be filled by CRA-FC after PRAN generation)	
Note: 1. This form is to be used by a subscriber opening a fresh Tier I and Tier II account 2. Pre-existing NPS account holders with a valid PRAN card need to fill up only the NPS Tier II form (Annexure UOS-S10)	
Sir/Madam,	
I hereby request that a NPS account be opened in my name and Permanent Retirement Account number (PRAN) be allotted as per particulars given below:	
Section A - Subscribers Personal Details	Signature/Thumb Impression* of Subscriber in black ink
1. Full Name (Full expanded name: Initials are not permitted)	III black link
Please Tick as applicable Shri Smt. Kumari	
Middle Name	
I would like my PRAN card to be printed in HINDI:	are UUS-SHI on Page No. 9)
I would like to subscribe for Tier II Account: Yes (If Yes, please provide the details on Page No	. 4)
2. Gender * Male Female	
3. Date of Birth * 4. PAN	
D D M M Y Y Y Y (for PAN, please refer to Sr. No.	. 3 of the instructions)
(Date of birth should be supported by relevant documentary proof).	· · · · · · · · · · · · · · · · · · ·
5. Category: Government Private Sector Self Employed NRI Others	(Please tick ( $$ ) any one)
6. Father's Full Name:	
First Name *	<u> </u>
Middle Name	
Last Name	
7. Present Address* (NRIs may please refer to Sr. No. 4 of the instructions):	
Flat/Unit No, Block no.	
Name of Premise/Building/Village	
Area/Locality/Taluka	
District/Town/City	
State / Union Territory	
Country	
Pin Code	
8. Permanent Address*: If same as above, Please Tick else,	
8. Permanent Address*: Il same as above, Please Tick else, Flat/Unit No, Block no.	
Name of Premise/Building/Village	
Area/Locality/Taluka	
District/Town/City	

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State	e / Un	ion T	errito	ry																																			
Cou	intry																																						
Pin (	Code												]																										
9. Phor	ne No							r	-1		7	Γ																											
						STD	Coc	le			1		F	Pho	ne N	lo.	I		1																				
10. Mol	bile N	o.																																					
11. Em	ail ID		_		1								1									1	-			1	_			-			1				1	_	
12. Do	you w	ant t	o subs	cribe	to S	SMS .	Aler	ts ('	To	be r	nad	e av	ailab	le l	ater,	, on	a ch	arge	able	bas	is):		Ŋ	les			1	No					_	_					
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	k Brar																																						
Banl	k Add	ress																																					
Pin	Code																																						
Banl	k MIC	RC	ode*																																				
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	the No 1	omin	ee:		's ]	Non	nina	ntio	on				OP'		ON		_				er t		r. N	No 8	8 & Fir			31					5)						
1. Name of	the No 1 *	omin	ee:		''s ]	Nom	nina	ntio	on		Firs	st Na		:			_				er t		r. N	No 8	Fire		am	31 e*					s)						
1. Name of First Name	the No 1 *	omin	ee:		"s ]	Nom					Firs	st Na	ame*	:			_				er t		r. N	No 8	Fire	st N	am	31 e*					s)						
1. Name of First Name	the No 1 *	omin	ee:		·'s ]	Non					Firs	st Na	ame*	:			_						r. N		Firs	st N	am	31 e*					s)						
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1. Name of         First Name         Middle Nar         Middle Nar         Last Name         2. Date of H         1st Nomine         3. Relations         1st Nomine         4. Percentag         1st Nomine	*	In ca	ee: mined se of f		or)*						Firs Mid Las 2nd	st Na	ame* Nan ame ame ame	ee ee			_								Firs Mid Las 3rd	st Na	ame Na ame mir												%
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1. Name of     First Name     Middle Name     Middle Name     Last Name     Last Name     . Date of H     Ist Nomine     3. Relations     Ist Nomine     4. Percentage     Ist Nomine     5. Nominee'	the Notes 1:	In ca	ee: minec se of f	a minee:	or)*	: : :					Firs Mid Las 2nd 2nd		ame* Nan mine mine mine	ee ee ee											Firs Mio Las 3rd 3rd	st N. idle it N. No No rd N	ame Na ame mir mir							s					%
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1. Name of     First Name     Middle Name     Middle Name     Last Name     Last Name     S. Relations     1st Nomine     S. Nominee'     1st Nomine     S. Nominee'     Ist Nomine	the Notes 1:	In ca	ee: minec se of f	a minee:	or)*	: : :				%	Firs Mid 2nc 2nc 2nc 2nc		ame* Nan Nan minee minee ame*	ee ee ee											First Mid Las 3rd 3rd 3rd		ame Na mir mir												%

#### Annexure UOS-S1

# Section C - Subscriber Scheme Preference (Please refer the instructions on Page No. 7 for further details):

(i). I FM Selection for Active and Auto Choice (Select only one I FW)	
<u>PFM Name (in alphabetical order)</u>	<u>Please tick only one</u>
DSP Blackrock Pension Fund Managers Private Limited	
HDFC Pension Management Company Limited	
ICICI Prudential Pension Funds Management Company Limited	
Kotak Mahindra Pension Fund Limited	
LIC Pension Fund Ltd	
Reliance Capital Pension Fund Limited	
SBI Pension Funds Private Limited	
UTI Retirement Solutions Limited	

# (i). PFM Selection for Active and Auto Choice (Select only one PFM)

# (Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).

# (ii). Investment Option

Active Choice	Auto Choice
---------------	-------------

(For details on Auto Choice, please refer to the Offer Document)

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 (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%)	С	G	Total
% share				100%

Note:-

1. 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.

Annexure UOS-S1	<u>Page 4</u>									
TIER II DETAIL	S									
	_									
I hereby submit the following details for activation of Tier – II account un	der NPS.									
1. Subscribers Bank Details: (MANDATORY - please refer to Sr. No. 7 of	the instructions)									
If same as Tier I, Please Tick else, Savings A/c	Current A/c									
Bank A/c Number*										
Bank Name*										
Bank Branch*										
Bank Address*										
Pin Code*										
Bank MICR Code*										
IFS code (Wherever applicable)										
2. Subscriber's Nomination Details (OPTIONAL - please refer to Sr.	No. 8 & 9 of the instructions)									
If same as Tier I, Please Tick else,										
Name of the Nominee: 2nd Nominee 2nd Nominee	3rd Nominee									
First Name* First Name *	First Name*									
Middle Name Middle Name	Middle Name									
Last Name Last Name	Last Name									
Date of Birth (In case of a minor)*:										
1st Nominee 2nd Nominee	3 <sup>rd</sup> Nominee									
Relationship with the Nominee:       1st Nominee       2nd Nominee	3 <sup>rd</sup> Nominee									
1st Nominee   2nd Nominee										
Percentage Share:           1st Nominee         % 2nd Nominee	% 3rd Nominee %									
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										
3. Subscriber Scheme Preference (Please refer the instructions on Pa	ge No. 7 for further details):									
If same as Tier I, Please Tick else,										
(i). PFM Selection for Active and Auto Choice (Select only one PFM)										
<u>PFM Name (in alphabetical order)</u> DSP Blackrock Pension Fund Managers Private Limited	Please tick only one									
HDFC Pension Management Company Limited										
HDFC Pension Management Company Limited										

Annexure UOS-S1 PFM Name (in alphabetical order)	Please tick only one
ICICI Prudential Pension Funds Management Company Limited	
Kotak Mahindra Pension Fund Limited	
LIC Pension Fund Ltd	
Reliance Capital Pension Fund Limited	
SBI Pension Funds Private Limited	
UTI Retirement Solutions Limited	

(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).

### (ii). Investment Option

**Active Choice** 

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 (iii) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment made as per Auto Choice.

(For details on Auto Choice, please refer to the Offer Document)

### (iii). Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 50%)	С	G	Total
% share				100%

**Auto Choice** 

Note:-

1. 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.

# Section D – 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.

I understand that there would be PFRDA approved *Terms and Conditions* for subscribers on the CRA website *governing I-pin* (*to access CRA/NPSCAN and view details*) & *T-pin*. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

#### 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.
- 2. 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.

I, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.	
Date : (DD/MM/YYYY)	
	Signature/Thumb Impression* of Subscriber

Annexure	UOS-S1

# To be filled by POP-SP

POP-SP Registration Number		:													
KYC Compliance		: Yes	5												
KYC document accepted for identify proof		:													
KYC document accepted for address proof		:													
Document accepted for date of birth proof		:													
Copy of PAN card submitted		: 1	Yes			No									
PAN Compliance		: 1	Yes [												
To be filled by POP-SP															
						Si	ignat	ure o	of Au	thori	ized	Sigr	nator	y	
		Nan	ne:									Place	:		
POP-SP Seal												Date	:		
[To be filled by CRA - Facilitation	n Ce	ntre ((	CRA	-FO	C)]										
Received by:					CR	A-FC	Regist	tratior	n Nur	nber:					
Received at:					Dat	te:									
Acknowledgement Number (by CRA-FC)															
		I					I		I						

#### Annexure UOS-S1

#### INSTRUCTIONS FOR FILLING THE FORM

- a) Form to be filled legibly in BLOCK LETTERS 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 cancelling and re-writing and such corrections should be counter-signed 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 such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- e) 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.
- f) The subscriber's thumb impression should be verified by the designated officer of the POP- SP accepting the form.
- g) Subscribers are advised to retain the acknowledgement slip signed/stamped by the POP-SP where they submit the application.

Sr. No.	Item No.	Item Details			Guidelines for Filling the Form							
		Subscriber's Personal D			I and Point No.1 of Tier II							
1.	1	Full Name	application is l applicant has	iable to been kr m, then	he as mentioned in the Proof of Identity failing which the be rejected. If the Proof of identity has a name by which the nown differently in the past, than the one provided in this requisite proof should be provided e.g. marriage certificate, or change.							
2.	3	Date of Birth	Please ensure that this matches with the Date of Birth as indicated in the document provided in support.									
3.	4	PAN		having PAN, please provide copy of the same. Copy of PAN card is in case of cash contribution of Rs. 50,000 and above.								
4.	5	Category	An NRI subscriber would need to furnish an Indian address for communica bank details within India. Fund transfers by NRIs would be subject to regul requirements as prescribed by RBI from time to time and FEMA requirement									
5.	7	Present Address	All future com	municati	ions will be sent to present address.							
6.	9, 10, 11	Phone No., Mobile No, & Email ID			on either "Telephone number" or "Mobile number" or "Email can be contacted in future for any discrepancy.							
7.	13 of Tier I Point No.1 of Tier II	Bank Details Tier 1	bank details (ex	kcept M	are optional, however, if a subscriber mentions any of the ICR code), all the bank details shall become mandatory.							
		Bank Details Tier II	<b>For activation of Tier II, bank details are mandatory</b> . The subscribers shall provide a <b>cancelled cheque</b> , the details of which should match the bank details provided for Tier II.									
		Subscriber's Nomination	Details - Section	B of Ti	er I and Point No.2 of Tier II							
8.	Percen	tage Share	<ol> <li>Subscriber can nominate a maximum of three nominees.</li> <li>Subscriber cannot fill the same nominee details more than once.</li> <li>Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s).</li> <li>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.</li> </ol>									
9.	Nominee's C	Juardian Details	If a nominee is	a minor	, then nominee's guardian details shall be mandatory.							
Illustra	ative list of documents a	acceptable as proof of ident	tity and address									
No.	Proof of Identity (Cop			No.	Proof of Address (Copy of any one)							
1	School Leaving Certific			1	Electricity bill^							
2	Matriculation Certificat			2	Telephone bill^							
3 4	Degree of Recognized Depository Account Sta			4	Depository Account Statement^ Credit Card Statement^							
5	Bank Account Statemer			5	Bank Account Statement / Passbook^							
6	Credit Card	III / I assook		6	Employer Certificate^							
7	Water Bill			7	Rent Receipt^							
8	Ration Card			8	Ration Card							
9	Property Tax Assessme	ent Order		9	Property Tax Assessment Order							
10	Passport			10	Passport							
11	Voter's Identity Card			11	Voter's Identity Card							
12	Driving License			12	Driving License							
13 14	PAN Card Certificate of identity	d te of identity signed by a Member of Parliament or of Legislative Assembly or Municipal Councillor or a Gazetted Officer										
		required to bring original			be more than six months old on the date of application. -attested photocopies (Originals will be returned over-the							

### Annexure UOS-S1

#### Subscriber Scheme Preference - Section C of Tier I and Point No.3 of Tier II

#### Active choice

- 1. **PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.**
- 2. Allocation under Equity (E) cannot exceed 50%
- 3. A subscriber opting for active choice may select the available asset classes ("E", "G", & "C"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table at Sr. No. C (iii) and 3 (iii) respectively is left blank, the application shall be rejected

#### Auto choice

b)

4. A subscriber opting for Auto Choice must also select a PFM. The application shall be rejected if the subscriber does not indicate his/her choice of PFM

In case both investment option and the asset allocation at Sr. No. (ii) and Sr. No. (iii) are left blank, the subscriber's funds will be invested as per Auto Choice

For more details on investment options and asset classes, please refer to the Offer Document.

#### GENERAL INFORMATION FOR SUBSCRIBERS

- a) The Subscriber can obtain the status of his/her application from the CRA website or through the respective POP-SP.
  - For more information Visit us at http://www.npscra.nsdl.co.in
  - Call us at 022-24994200 e-mail us at **info.cra@nsdl.co.in** 
    - Write to: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1<sup>st</sup> Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.

Details for printing PRAN card in Hindi (please provide the details in Devnagri script):

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.

Subscriber's Full Name:		
First Name *	:	
Middle Name	:	
Last Name	:	
Father's Full N	ame:	
First Name *	:	
Middle Name	:	
Last Name	:	

(\* indicates Mandatory Field)

Signature/Thumb Impression\* of Subscriber

Name of the Subscriber: