



ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

REGISTRATION FORM FOR EXISTING SWAVALAMBAN YOJANA SUBSCRIBERS

* Indicates mandatory fields. Please fill the form in English and BLOCK letters.

Subscribers who have registered under Swavalamban Yojana and are between 18 to 40 years on day of submission of form are eligible to shift to APY. Copy of PRAN card required is to be submitted alongwith this Form.

The Branch Manager, _____ Bank _____ Branch

Dear Sir/Madam,

I hereby request that my existing NPS account under Swavalamban Yojana be shifted to APY in my name as per the particulars given below. I understand that my holding in Swavalamban will be shifted to APY.

PRAN (already allotted under Swavalamban Yojana)* _____

1. BANK DETAILS:		
Bank A/c Number*	_____	
Bank Name*	_____	Bank Branch* _____

2. PERSONAL DETAILS:			
Name of Applicant in full	Shri <input type="checkbox"/>	Smt. <input type="checkbox"/>	Kumari <input type="checkbox"/>
Full Name	_____		
Date of Birth*	d d / m m / y y y y	Age	_____
Email ID	_____	Aadhaar	_____
Married	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If married , spouse name is mandatory. Spouse will be the default nominee under APY.
Name of Spouse	_____	Aadhaar	_____
Nominee's Name*	_____	Aadhaar	_____
Nominee's relationship with the subscriber	_____		
Additional Details in case nominee is a Minor			
Date of Birth*	d d / m m / y y y y	_____	
Guardian's Name*	_____		
Whether beneficiary of other statutory social security schemes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Whether Income Tax Payer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3. PENSION DETAILS					
Pension Amount (Please tick(✓)) *	1000 <input type="checkbox"/>	2000 <input type="checkbox"/>	3000 <input type="checkbox"/>	4000 <input type="checkbox"/>	5000 <input type="checkbox"/>
Contribution Amount (Monthly) (in Rs.) (To be filled by the Bank)	I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with penalty thereon.				

Declaration & Authorization by all subscribers

I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same and declare that the information furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the bank of any change in the above information furnished by me. I understand that I shall be fully liable for submission of any false or incorrect information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India.

Date: _____

Place: _____

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

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY) (To be filled by the Bank)	
Name of the Subscriber:	_____
PRAN Number	_____
Guaranteed Pension Amount	_____
Periodicity of Contribution	Monthly
Monthly Contribution Amount under APY (in Rs.)	
Name of the Bank:	_____
Bank Branch:	_____
Receiving Officer's Name:	_____
Date of Receipt of Application:	_____
Stamp and Signature of the Bank	