Annexure - S2 Ver 1.1

NATIONAL PENSION SYSTEM (NPS)

Karvy ComputerShare Pvt. Ltd.

Request For Change/Correction in Subscriber Master details And/Or Reissue of PRAN Card [To avoid mistake(s), please read the accompanying instructions carefully before filling up the form] For POP-SP/DDO/NL-CC use: For POP/POP-SP/PAO/DTO/DTA/PrAO/ NL-AO/NL-OO use: Registration No. Registration No.: _ Date of Receipt: _ POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/ Date of Receipt : __ NL-OO Stamp: Entered By:_ Date: Signature and Stamp of POP-SP/DDO/NL-CC Verified By: Date: Receipt No.: (Mandatory for POP/POP-SP) Acknowledgement No. (To be filled by Nodal Office as generated by CRA system) I hereby request for the following details for the change (Please tick). [In case of change/correction in employment details, please contact your employer/Nodal Office.] A) Change or Correction in Subscriber Master Details B) Reissue of PRAN Card C) Employment Details Permanent Retirement Account Number *: I hereby submit the following details of change. [Please tick () the box on left margin of appropriate row where change/correction is required and provide the details in the corresponding rows.] Section A – Change or Correction in Subscriber Master Details (* Indicates Mandatory Field) 1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions) Name of Applicant in full Shri Kumari 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 supported by relevant documentary proof. Nodal Office shall verify the same before updating details in the CRA system.) Would you like to re-issue PRAN card in case of change in details pertaining to Subscriber's Name, No Father's/Mother's Name or Date of Birth (This will be charged to Subscriber/employer by CRA): Gender Female Others Marital Status Unmarried Others Spouse Name (Refer Sr. No. 1 of instructions) Generated from Central KYC Registry. Submission of proof for the same is necessary. **CKYC Number** Retirement Adviser Code KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers 2. PROOF OF IDENTITY (PoI) (Any one of the documents need to be provided along with the identification number) Passport Passport Expiry Date Voter ID Card PAN Card Driving License Expiry Date Driving License NREGA JOB Card Others Name of the ID Please refer Sr. No. 2 of the instructions. UID (Aadhaar) I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity

through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for Ver 1.1 Annexure - S2

3. PROOF OF ADDRESS (PoA) Correspondence Address Permanent Address																														
-	[Please tick (✓), as applicable] # Not more than 3 months old.					Passport /Driving License/UID (Aadhaar)/Voter ID card/ NREGA Job Card/Ration Card/Others							Passport /Driving License/UID (Aadhaar)/Voter ID card/ NREGA Job Card/Ration Card/Others																	
# Not more than 3 months old. Please refer Sr. No. 2 of the instructions			ľ	Registered Lease/Sale agreement of residence							Registered Lease/Sale agreement of residence																			
					#Latest Gas/Electricity/Telephone[Landline] Bill							#Latest Gas/Electricity/Telephone[Landline] Bill																		
4.1 CORRESPONDENCE ADDRESS DETAILS																														
Address Type*		R	eside	entia	al/Bus	ines	s	\neg	Re	eside	entia	ı	$\overline{}$	Вι	ısine	ss		F	Regi	stere	ed O	ffice	•	T	Ur	spe	cified	ı 🗀	7	
Flat/Room/Door/Block no							T										La	ndm								Ť.			_	
Premises/Building/Village	e 🔚	Ť	Ť	Ť	Ì		İ						İ	Ť											T	T	Ī			
Road/Street/Lane		T	Ť	Ť																					T	T				
Area/Locality/Taluk			Ť																						Ī	Ī	Ī			
City/Town/District																					F	PIN	Cod	е						
State/U.T.																						С	0	u	n	t	r	У		
4.2 PERMANENT ADI	ORF	SS	DFT	ΔII	S				[Ticl	k (√)	in th	ie ho	x in c	ase t	the a	ddres	s is	same	28.2	ahove	1 د									
Address Type*	JI(L				o al/Bus	inoc			Ī	esid			7 111 0			ines		Jame	1		-	od (Offic	<u>,</u> _		116	nspe	oifio	4 _	— I
Flat/Room/Door/Block no			esiue		ai/Dus	11168	s _ 			esiu	Entil	aı _			Dus			ndm		Reg	Jistei	eu v		E _	\equiv		Ispe	Jille	[
Premises/Building/Village				<u> </u>													Lai	I	ark						\perp	\pm	\perp			
Road/Street/Lane	'		+	+																					\vdash	\vdash				
Area/Locality/Taluk		<u> </u>		+										T	l I								<u> </u>		\vdash					
City/Town/District				+										<u> </u>								DINI	Cod		\vdash		_			
State/U.T.		+	$\frac{\perp}{\perp}$	$\frac{\perp}{\perp}$																		С		Lu	l n	<u> </u>	r	V		
																												J		
5. CONTACT DETAIL	S																								_	_				
Tel. (Off) (with STD code)	·	<u> </u>		_		Ļ	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>) (with										_					
Mobile 4	- 9	<u>.</u>	1	_	<u> </u>	<u></u>	<u> </u>	<u> </u>					(N	/lobile	e Nui	mber	is re	equir	ed fo	or co	mmı	ınica	ation	and	to g	et SI	MS a	lerts)	
Email ID								<u> </u>	<u> </u>	_	<u></u>			<u> </u>	<u> </u>					<u> </u>	<u> </u>	Ļ	<u> </u>		\perp					
Value Added Service	i)	_	SMS	Ale	rt Ye	es			No				ii)) E	mail	Aler	t: Ye	S			No	<u> </u>								
6. OTHER DETAILS (Pleas	e re	efer to	Sr	no. 3 o	f the	instr	uction	ıs)																					
Occupation Details	[ple	ease	e tick	(√)]																									
Private Sector			blic S			Ę		over		ent S	Secto				siona	_														
Self Employed Income Range (per	ann					L		tudeı lac to		C		L			(Ple					25 ls	ac [25 la	r an	d at	01/0				
Educational Qualific		,			SSC	Ē		SC [HSC			radu				/last		2010							CS,	СМА	, etc)
▶ Please Tick If Appli	cable	•	Р	olitio	cally e	xpo	sed	oerso	on [R	elate	ed to	Poli	ticall	у ех	pose	ed P	erso	n [•	ructio			, —
7. SUBSCRIBER BAI	NK D	ET	AILS	6 (P	lease r	efer	to Sr	no. 4	of th	ne ins	struc	tions) [Al	l bar	ık de	tails	are	mar	ndato	ory e	exce	ot M	IICR	Coc	de.]					
You want to change B										er II			, .								ľ									
(In case you want to ch							Tier	I & T	ier I	I Acc	cour	nt, tic	ck bo	oth c	heck	box)													
Tier I Account :	S	avir	ngs A	√ /c				Cı	ırreı	nt A/	c [
Bank A/c Number																														
Bank Name																														
Branch Name																														
Branch Address																					F	PIN	Code	Э						
								Sta	te/L	J.T.												С	0	U	n	t	r	У		
Bank MICR Code											IF	S C	ode																	
Tier II Account: If	sam	e a	s ab	ove	for T	ier I	Yes		el	se,																				
			ngs A						_	nt A/	c																			
Bank A/c Number																														
Bank Name																														
Branch Name																														
Branch Address																					F	PIN	Code	Э						
								Sta	te/L	J.T.												С	0	U	n	t	r	У		
Bank MICR Code											IF	SC	ode																	

Ver 1.1 Annexure - S2

8. SUBSCRIBERS NOMINATION DETAIL	S (Please refer to Sr.	No . 5 of the instruc	ctions)						
I want to change Nomination details of :		Tier II		le basel					
(In case you want to change nomination det	alis in doth Tier I &	Her II Account, ti	ck both chec	K DOX)					
Tier I Account: Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Additional Nomination Form provided on page no. 5 & 6 separately.)									
First Name Middle Name Last Name									
Relationship with the Nominee Date of Birth (In case of Minor)									
Nominee's Guardian Details (in case of a minor) First Name Middle Name Last Name									
THIS TRAINS PRINCIPLE OF THE PRINCIPLE O									
Tier II Account : If same as above for Tier I Yes else,									
Name of the Nominee (You can nominate up to a	maximum of 3 nomine		· · · · · · · · · · · · · · · · · · ·	·					
First Name		Middle Na	me	L	ast Name				
Relationship with the Nominee		Date	e of Birth (In o	case of Minor)	m m I y y y y				
Nominee's Guardian Details (in case of a mi	nor)								
First Name		Middle Na	me	L	ast Name				
9. DECLARATION ON FATCA (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 6 of the instructions): Section I* US Person* Yes No Section II* For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set									
out below or I have indicated that a TIN/func	tional equivalent is	`			,				
Particulars		Countr	y (1)	Country (2)	Country (3)				
Country/countries of tax residency									
	Address Line 1								
Address in the jurisdiction for Tax Residence	City/Town/Village								
	State								
	ZIP/Post Code								
Tax Identification Number (TIN)/Functional equ									
TIN/ Functional equivalent Number Issuing Co	ountry				4.17				
Validity of documentary evidence provided (Whe	rever applicable)	dd/mm/	уууу	dd/mm/yyyy	dd/mm/yyyy				
certify that:) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, the Information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise. I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign. I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence, I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) //RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period. I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information and/or documents as the NPS Trust									
abroad in the subject matter herein. h) I shall indemnify NPS Trust for any loss that		•	•						
Date d d / m m / y y y y									
Place:			Sig	nature/Thumb Impression* (* LTI in case of male and F					
Name of subscriber									

Section B – Request for Reissue of PRA Reissue of PRAN card will be chargeable to								
I the applicant, do hereby declare that the information & belief.	n provided above is true to the best of my knowledge							
Signature/Thumb Impression* of the Subscriber								
	loyment Details to be filled and attested by the Dept.) / y y y y Date of Retirement d d / m m / y y y y	у						
Employee Code/ID (If applicable)	Employee Code/ID and PPAN are optional. If you into	end						
PPAN (If applicable)	to provide, mention any one.							
Group of Employee (Tick as applicable) Gro	roup A Group B Group C Group D							
Department								
Ministry								
Basic Pay		İ						
Pay Scale								
It is certified that the employment details prov record of the employee maintained by us. Also, confirmed by him/her.	It is certified that the employment details provided above by employed with us, are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got							
	bber Stamp of the DDO (In the box above) Signature of the Authorised person (In the box above) Rubber Stamp of the DTO/PAC CDDO/DTA/PrAO (In the box above))/ ove)						
Designation of the Authorised Person	Designation of the Authorised Person							
DDO Registration Number	DTO/PAO/CDDO/DTA/PrAO Registration Number							
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO							
Dept/Ministry	Date d d / m m / y y y							
Бериминову								
2. CORPORATE SECTOR (Subscribers Employn	ment Details to be filled and attested by Corporate.)							
Date of Joining d d / m m /	Date of Retirement dd lmm ly y y	,						
Employee Code/ID								
Corporate Regd. Number (CHO No.) Allotted by 0	CRA							
CBO No. allotted by CRA		\equiv						
It is certified that the employment details provi	ided above by employed with us, are as per the sit is further certified that he/she has read entries/entries have been read over to him/her by us a							
Date d d / m m / y y y y	Place							
Circulus of the Authorized serson (I								
Signature of the Authorised person (I								
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)							
To be filled by POP / POP-SP KYC Compliance : Yes KYC document accepted for identify proof :								
KYC document accepted for address proof :	No.							
Copy of PAN card submitted : Yes PAN Compliance : Yes								
TAN Compliance . 163								
	Signature of Authorized Signatory							
	Name : Place :							
POP / POP-SP Seal		У						

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

,of my family to receive the amount in my PRAN acc		the person(s) mentioned below who is/are member(s)/s of my death.
1. Name of the Nominee:		
1st Nominee	2nd Nominee	3rd Nominee
First Name	First Name	First Name
2. Present Communication address of the nom	inees:	
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
3. Date of Birth* (Only in case of a minor):		
1st Nominee	2nd Nominee ddd/mm/m//yyyy	3rd Nominee
4. Relationship with the Nominee:		
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 minor):	
1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name Middle Name Last Name
Dated this day of	20 at	
	\$	Signature/ Thumb Impression* of the Subscriber

KCRA042-1.1 5 of 7

*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 I	FILLED/ATTESTED BY POP-SP/DDO/NL-CC						
Certified	I that the above declaration and nomination details has been signed	/ thumb impressed before me by Sh/Smt/Ms ries have been read over to him / her by me and got confirmed by him / her.					
	and the 7 she have read the chares 7 cha	les have been read over to him. Their by the and get committed by him. Their					
	Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person					
L							
POP-SF	P/DDO/NL-CC Registration Number	Designation of the Authorised Person :					
	ted by CRA)	POP-SP/DDO/NL-CC Office Name :					
		TOT-ST/DBO/NE-OC Office Name .					
Date							
TO BE F	ILLED/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):					
Rubber	Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	Signature of the Authorised Person					



Annexure - S2 Ver 1.1

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 PRAN card or employment details.
- (b) The form is to be submitted at the Nodal Office 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 "DDMMYYYY" Format

S. No	Item No.	Item Details	Instructions								
1	1	Spouse Name	If married, spouse name is mandatory.								
			S.No		S.No	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 residential					
						address					
			4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.					
			5	Voters Identity card with photograph and residential address.		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		Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.					
		Identity,	8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly					
		Correspondence & Permanent address	9	Aadhar Card / letter issued by Unique Identification Authority of India		Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address					
0	0.004	details	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 the State Government					
2	2, 3 & 4		11	Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICSI, Bar Council etc.		The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.					
			12	ICWAI, ICSI, Bar Council etc. Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)					
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)					
			14	Photo Credit card.	14						
					15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)					
			Note: (i) If the address on the document submitted for identity proof is same as that declared by subscriber in the form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.								
3	6	Politically Exposed Person	count	, ,	or poli	e been entrusted with prominent public functions in a foreign iticians, senior government, judicial or military officials, senior ials.					
4	7	Subscriber's Bank Details	In case, subscriber provides bank details, it should be supported by cancelled cheque. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.								
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shal not be accepted in the nomination(s). 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.								
6	10	Declaration by subscriber on FATCA Compliance	 Is not equal to 100, entire nomination will be rejected. Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided 								

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application. c) For more information, contact CRA:

Website: https://nps.karvy.com Call: 1800 208 1516 Address Karvy Computershare Pvt Limited

Karvy Selenium, Tower-B, Plot No-31 & 32
Financial district, Nanakramguda, Serilingampally Mandal,

Hyderabad, 500032, India.