



<input type="checkbox"/> 3. PROOF OF ADDRESS (PoA)	Correspondence Address	Permanent Address
[ Please tick (✓), as applicable ] # Not more than 3 months old. Please refer Sr. No. 2 of the instructions	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
	Registered Lease/Sale agreement of residence	Registered Lease/Sale agreement of residence
	#Latest Gas/Electricity/Telephone[Landline] Bill	#Latest Gas/Electricity/Telephone[Landline] Bill

<input type="checkbox"/> 4.1 CORRESPONDENCE ADDRESS DETAILS	
Address Type* Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>	
Flat/Room/Door/Block no. <input type="text"/>	Landmark <input type="text"/>
Premises/Building/Village <input type="text"/>	
Road/Street/Lane <input type="text"/>	
Area/Locality/Taluk <input type="text"/>	
City/Town/District <input type="text"/>	PIN Code <input type="text"/>
State/U.T. <input type="text"/>	C o u n t r y <input type="text"/>

<input type="checkbox"/> 4.2 PERMANENT ADDRESS DETAILS <input type="checkbox"/> [Tick (✓) in the box in case the address is same as above.]	
Address Type* Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified <input type="checkbox"/>	
Flat/Room/Door/Block no. <input type="text"/>	Landmark <input type="text"/>
Premises/Building/Village <input type="text"/>	
Road/Street/Lane <input type="text"/>	
Area/Locality/Taluk <input type="text"/>	
City/Town/District <input type="text"/>	PIN Code <input type="text"/>
State/U.T. <input type="text"/>	C o u n t r y <input type="text"/>

<input type="checkbox"/> 5. CONTACT DETAILS	
Tel. (Off) (with STD code) + <input type="text"/>	Tel. (Res) (with STD code) + <input type="text"/>
Mobile + 9 1 <input type="text"/>	(Mobile Number is required for communication and to get SMS alerts)
Email ID <input type="text"/>	
Value Added Service i) SMS Alert Yes <input type="checkbox"/> No <input type="checkbox"/>	ii) Email Alert: Yes <input type="checkbox"/> No <input type="checkbox"/>

<input type="checkbox"/> 6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)	
▶ Occupation Details [ please tick(✓) ]	
Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/>	
Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify) <input type="text"/>	
▶ Income Range (per annum) Upto 1 lac <input type="checkbox"/> 1 lac to 5 lac <input type="checkbox"/> 5 lac to 10 lac <input type="checkbox"/> 10 lac to 25 lac <input type="checkbox"/> 25 lac and above <input type="checkbox"/>	
▶ Educational Qualifications Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professionals ( CA, CS, CMA, etc.) <input type="checkbox"/>	
▶ Please Tick If Applicable Politically exposed person <input type="checkbox"/> Related to Politically exposed Person <input type="checkbox"/> (Please refer instruction no.3)	

<input type="checkbox"/> 7. SUBSCRIBER BANK DETAILS ( Please refer to Sr no. 4 of the instructions) [ All bank details are mandatory except MICR Code. ]	
You want to change Bank details of: Tier I <input type="checkbox"/> Tier II <input type="checkbox"/>	
(In case you want to change bank details in both Tier I & Tier II Account, tick both check box)	
<b>Tier I Account :</b> Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/>	
Bank A/c Number <input type="text"/>	
Bank Name <input type="text"/>	
Branch Name <input type="text"/>	
Branch Address <input type="text"/>	PIN Code <input type="text"/>
	State/U.T. <input type="text"/> C o u n t r y <input type="text"/>
Bank MICR Code <input type="text"/>	IFS Code <input type="text"/>
<b>Tier II Account: If same as above for Tier I Yes <input type="checkbox"/> else, <input type="checkbox"/></b>	
Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/>	
Bank A/c Number <input type="text"/>	
Bank Name <input type="text"/>	
Branch Name <input type="text"/>	
Branch Address <input type="text"/>	PIN Code <input type="text"/>
	State/U.T. <input type="text"/> C o u n t r y <input type="text"/>
Bank MICR Code <input type="text"/>	IFS Code <input type="text"/>

**8. SUBSCRIBERS NOMINATION DETAILS** (Please refer to Sr. No . 5 of the instructions)

I want to change Nomination details of : Tier I  Tier II

(In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 nominees and if you desire so please fill Additional Nomination Form provided on pages 5 & 6 separately)

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Tax Identification Number (TIN)/Functional equivalent Number			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

"I certify that:

- a) 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,
- b) 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.
- c) 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.
- d) 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,
- e) 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.
- f) 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 provided by me to the NPS Trust
- g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date <input style="width:150px;" type="text"/>	<b>Signature/Thumb Impression* of Subscriber in black ink</b> (* LTI in case of male and RTI in case of female)
Place : <input style="width:150px;" type="text"/>	
Name of subscriber <input style="width:150px;" type="text"/>	

**Section B – Request for Reissue of PRAN card.**

Reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

I _____, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.	
Date : <input type="text" value="d d / m m / y y y y"/>	Signature/Thumb Impression* of the Subscriber

**Section C – Employment Details**

**1. GOVERNMENT SECTOR (Subscribers Employment Details to be filled and attested by the Dept.)**

Date of Joining  Date of Retirement

Employee Code/ID (If applicable)   
 PPAN (If applicable)  Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.

Group of Employee (Tick as applicable) Group A  Group B  Group C  Group D

Office   
 Department   
 Ministry   
 Basic Pay   
 Pay Scale

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 confirmed by him/her.

Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/ CDDO/DTA/PrAO (In the box above)
Designation of the Authorised Person <input type="text" value=""/>		Designation of the Authorised Person <input type="text" value=""/>	
DDO Registration Number <input type="text" value=""/>		DTO/PAO/CDDO/DTA/PrAO Registration Number <input type="text" value=""/>	
Name of the DDO <input type="text" value=""/>		Name of DTO/PAO/CDDO/DTA/PrAO <input type="text" value=""/>	
Dept/Ministry <input type="text" value=""/>		Date <input type="text" value="d d / m m / y y y y"/>	

**2. CORPORATE SECTOR (Subscribers Employment Details to be filled and attested by Corporate.)**

Date of Joining  Date of Retirement

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

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 confirmed by him/her.

Date  Place

Signature of the Authorised person (In the box above)	
Designation of the Authorised Person <input type="text" value=""/>	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 : \_\_\_\_\_

Copy of PAN card submitted : Yes  No

PAN Compliance : Yes

POP / POP-SP Seal	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date : <input type="text" value="d d / m m / y y y y"/>



**TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC**

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. \_\_\_\_\_  
\_\_\_\_\_ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC

Signature of the Authorised Person

POP-SP/DDO/NL-CC Registration Number \_\_\_\_\_  
(Allotted by CRA)

Designation of the Authorised Person : \_\_\_\_\_

POP-SP/DDO/NL-CC Office Name : \_\_\_\_\_

Date 

d	d	/	m	m	/	y	y	y	y
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**TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO**

Rubber Stamp of the 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): \_\_\_\_\_

\_\_\_\_\_

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Signature of the Authorised Person

## 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.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1"> <thead> <tr> <th>S.No</th> <th>Proof of Identity (Copy of any one)</th> <th>S.No</th> <th>Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Passport issued by Government of India.</td> <td>1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td>2</td> <td>Ration card with photograph.</td> <td>2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td>3</td> <td>Bank Pass book or certificate with Photograph.</td> <td>3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td>4</td> <td>Certificate of the POP bank for an existing Bank customer.</td> <td>4</td> <td>Certificate of the POP bank for an existing Bank customer.</td> </tr> <tr> <td>5</td> <td>Voters Identity card with photograph and residential address.</td> <td>5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td>6</td> <td>Valid Driving license with photograph</td> <td>6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td>7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td>7</td> <td>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.</td> </tr> <tr> <td>8</td> <td>PAN Card issued by Income tax department</td> <td>8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td>9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> <td>10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td>11</td> <td>Identity card issued by Central/State government and its Departments, statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td> <td>11</td> <td>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.</td> </tr> <tr> <td>12</td> <td>Photo. 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		(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	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
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 shall 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	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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)</li> <li>• If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)</li> <li>• 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</li> </ul>																																																																

### 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.