

NATIONAL PENSION SYSTEM
SUBSCRIBER REGISTRATION FORM (ALL CITIZEN MODEL)
PRAN No: 400090524661

eNPS Form

☐ Aadhaar based registration

☒ Non Aadhaar based registration

How did you hear about NPS

☐ Friend/ family

☐ Social media

☐ Newspaper/magazines

☐ TV / Radio

☐ Financial advisor /apps

☐ Employer

TO

National Pension System Trust

Dear Sir/Madam

I hereby submit my eNPS subscriber registration form

* Indicated mandatory fields

PRAN Dispatch Mode * ePRAN Kit

CKYC Number (if applicable)

Retirement Advisor Code (If applicable)



1 PERSONAL DETAILS

Salutation *	<input checked="" type="checkbox"/> Shri <input type="checkbox"/> Smt <input type="checkbox"/> Kumari	Date of Birth (DD/MM/YYYY)*	05/05/2000
Applicant's Name *	Asif Imam Ansari	Gender *	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Father's Name	ALI IMAM PARWEZ ANSARI	Place of Birth *	RANCHI
Mother's Name	MUNIZA KHATOON	Country of Birth *	INDIA
Marital Status *	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorcee		
Spouse Name		Residential Status *	Indian
PAN *	CWTPA2424B	Form 60 furnished	<input type="checkbox"/>
Income Range (per annum)	<input type="checkbox"/> 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"/> Above 1 Cr		
Occupation Details *	<input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Self Employed <input type="checkbox"/> Home Maker <input type="checkbox"/> Others		
Please Tick if Applicable	<input type="checkbox"/> Politically Exposed <input type="checkbox"/> Related to Politically Exposed		

2 IDENTITY DETAILS

Passport		Passport Expiry Date	
Driving License		Driving License Expiry Date	
Voter ID Card		NREGA JOB Card	
National Population Register		Proof of possession of Aadhaar	
Others			

3 ADDRESS DETAILS *

Line 1	IMAM MANZIL 72 SILADON HULHUNDU	State/UT	Jharkhand
Line 2	TUPUDANA NAMKUM RANCHI JHARKHAND	Country	India
District	Ranchi	PIN Code	835221

4 CONTACT DETAILS

Mobile *	919709753900	Telephone with STD code	
Email ID *	asifimam0786@proton.me		

5 BANK DETAILS *

Account Type	<input checked="" type="checkbox"/> Savings A/C <input type="checkbox"/> Current A/C		
Bank A/C Number	7107907371		
Bank Name	INDIAN BANK	IFS Code	IDIB000R586

6 NOMINATION DETAILS *

Nominee Name	ALI IMAM PARWEZ ANSARI	Age	65
Relationship	Father	Date of Birth (In case of Minor)	
Name of Guardian (if nominee is a minor)			

PENSION FUND (PF) SELECTION AND INVESTMENT OPTION

(I) PENSION FUND SELECTION (Tier I)

Name of the Pension Fund	PFM Selected
Aditya Birla Sun Life Pension Management Limited	<input type="checkbox"/>
AXIS PENSION FUND MANAGEMENT LIMITED	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
LIC Pension Fund Limited	<input type="checkbox"/>
MAX LIFE PENSION FUND MANAGEMENT LIMITED	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input checked="" type="checkbox"/>
TATA PENSION MANAGEMENT LIMITED	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

(II) INVESTMENT OPTION

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

☐ Active Choice ☒ Auto Choice

(III) ASSET ALLOCATION

Asset Class	E (Upto 75%)	C (Upto 100%)	G (Upto 100%)	A (Upto 5%)	Total
% share	-	-	-	-	100%

(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please tick	Note : 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
Aggressive (LC75)	<input type="checkbox"/>	
Moderate (LC50)	<input checked="" type="checkbox"/>	
Conservative (LC25)	<input type="checkbox"/>	

8 NPS OPTION DETAILS

I would like to subscribe Tier II Account ☐ Yes ☒ No (Please tick as applicable)

9 DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE

Section I *

US Person * Yes ☐ No ☒
I am a tax resident of India and not resident of any other country ☒ I am a tax resident of the country/ies mentioned below ☐

Section II *

For the purposes of taxation, I am a resident in the following countries and my Permanent Account Number (PAN) / Tax Identification Number (TIN) / Functional Equivalent Number in each country is set out below or I have indicated that a PAN/TIN/functional equivalent Number 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		India		
Address in the jurisdiction for Tax Residence	Address Line 1	IMAM MANZIL 72 SILADON HULHUNDU ,TUPUDANA NAMKUM RANCHI JHARKHAND		
	City/Town/Village	Ranchi		
	State	Jharkhand		
	ZIP/Post Code	835221		
Permanent Account Number (PAN) / Tax Identification Number (TIN)/Functional equivalent Number		CWTPA2424B		
PAN/TIN/ Functional equivalent Number Issuing Country		India		
Validity of documentary evidence provided (Wherever applicable)				

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 my 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 of Birth 05/05/2000

Place Ranchi

Name of subscriber Asif Imam Ansari

Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)

10 DECLARATION BY SUBSCRIBER

Declaration and Authorization by all subscribers

- ☒ I have read and understood the terms and conditions of Electronic National Pension System and here by agree to the same and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Recordkeeping Agency/Electronic National Pension system Trust,of any change in the above information furnished by me. I do not hold any pre-existing account under eNPS.I understand that I shall be fully liable for submission of any false or incorrect information or documents.
- ☒ I further agree to be bound by the terms and conditions of provision of services by CRA,from time to time and any amendment thereof as approved by PFRDA,whether complete or partial without any new declaration being furnished by me.I shall be bound by the terms and conditions for the usage of IPIN/TPIN (to access CRA system) on the CRA website.
- ☒ I understand that my initial contribution will be credited in my PRAN but I will not be able to make any further contribution till the KYC compliance is not confirmed by the bank selected by me during registration. Once the KYC compliance is confirmed by the bank,I agree to take a print out of the registration form,from eNPS portal,paste photograph,affix signature and send it to CRA. I understand that my PRAN will be 'FROZEN' temporarily if the form is not sent to CRA within 90days from the date of allotment of PRAN.
- ☒ I hereby provide my consent to utilize of my personal data for Aadhaar based authentication to open PRAN under NPS. .

☒ I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that eNPS trust has the right to peruse my financial profile or share the information with other government authorities. I further agree that eNPS trust has the right to close my PRAN in case i am found violating the provisions of any law relating to prevention of money laundering.

Date of Registration

23/12/2022

Place

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

11 DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

Date of Joining

Date of Retirement

Employee Code/ID

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

CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service

record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date

2 3 / 1 2 / 2 0 2 2

Place

Signature of the Authorised person (In the box above)

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)

12 To be filled by POP

Receipt No. (17 digits)

POP Registration Number

1 0 0 0 8 2 7

POP-SP Registration Number

1 4 5 4 6 7 7

Document accepted for date of Birth Proof

Copy of Pan Card submitted

YES ☐NO ☐

KYC Compliance

YES ☐NO ☐

Documents Received

(Originals Verified) Self Certified

(Attested) True Copies

Identity Verification

Done

I/we hereby certify/confirm that Shri/Smt/Kum ASIF IMAM ANSARI is an existing KYC verified customer.

The above applicant is having an operative Bank/Demat/Folio/ Savings A/C account(Specify nature of the account)having account number/client ID 7107907371 maintained at branch/office. The KYC documents available with us for customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules.

We further confirm that the S.B a/c of Shri/Smt/Kum ASIF IMAM ANSARI is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank POP)'.

Aadhaar based KYC Certificate :

I/we hereby certify/confirm that Aadhaar Number _____ of Shri/Smt/Kum _____ has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

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

ACKNOWLEDGEMENT

Name of the Subscriber	Asif Imam Ansari
Acknowledgement	016101a08298331
PRAN Allotted	400090524661
Contribution Amount Remitted	228.60
Receipt Number	11145467710366545

TO BE FILLED BY CRA

Received at	
Date	