



# **Checklist for NPS Form(s) – Please check before sending**

# If applying for Tier 1 and Tier 2 accounts

- □ Application form signed (please do not make any corrections in the application form)
- □ In Tier-I application form Please note that the size of the photograph should be strictly 3.5 cm x 2.5 cm. Please paste it within the inner box, do not sign across the photograph.
- Please sign within the bounding box below the photograph in Tier I application form using BLACK ink
- **Two copies of PAN Card** (Self-attested)
- **Two copies of address proof (Self- attested) (Acceptable address proofs below)**
- □ Cancelled Cheque with your name pre-printed on the cheque leaf. If the cheque does not have your name, then additionally, we will need a recent bank account statement (self-attested) as well. (This is required for opening the NPS a/c)
- □ NPS Contribution Instruction Slip to be filled
- □ One cheque for the contribution amount in favour of "IL&FS SECURITIES SERVICES LIMITED COLLECTION ACCOUNT NPS TRUST"
- □ Cheque for Rs 250/- in favour of "Wealth India Financial Services Pvt Ltd"
- ECS form (if chosen) You will have a consent letter and 3 copies of ECS mandate forms. Please approach your banker and submit [Bankers] copy for bank's records. Obtain banker's acknowledgement on the [ISSL] copy and send it to us along with the consent letter. Retain the [Customer] copy for your records.
- □ A cancelled cheque (if ECS payment option selected)

Accepted Address proof documents: Any of these– Latest any landline telephone bill, Latest Electricity bill, Latest bank account statement (from last 3 months only), Voter identity card, Driver license, Ration card copy, Latest Demat account statement card

Please courier the forms to the following address marking "Kind Attention: Mr. R Shridhar / Mr. Krishna Chaitanya" to the address mentioned below: Wealth India Financial Services Pvt. Ltd., H M Centre, Second Floor, # 29, Nungambakkam High Road, Chennai - 600 034. Mobile: +91-9952099112.

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)	To affix recent			
Receipt No. (To be filled by POP-SP)	Coloured photograph $(3.5 \text{ cm} \times 2.5 \text{ cm})$			
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,	gnature/Thumb Impression* of			
I hereby request that a NPS account be opened in my name and Permanent Retirement Account number (PRAN) be allotted as partic	Subscriber in black ink culars given below:			
Section A – Subscriber's Personal Details 1. Full Name (Full expanded name: Initials are not permitted) Please Tick as applicable Shri Smt. Kumari First Name *				
Middle Name				
Last Name				
I would like my PRAN card to be printed in HINDI: Yes (If Yes, please provide the details in the annexure UOS-	SH1 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 (Date of birth should be supported by relevant documentary proof). (for PAN, please refer to Sr. No. 3 of the birth should be supported by relevant documentary proof).	instructions)			
	e tick ( $$ ) any one)			
6. Father's Full Name:				
First Name *				
Middle 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				
Pin Code				
8. Permanent Address*: If 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 / Union Territory	
Pin Code	
9. Phone No.	
STD Code Phone No.	
10. Mobile No.	
11. Email ID	
12. Do you want to subscribe to SMS Alerts (To be made available later, on a chargeable basis): Yes No	
13. Subscribers Bank Details: (OPTIONAL - please refer to Sr. No. 7 of the instructions) Savings A/c Bank A/c Number	Current A/c
Bank Name	
Bank Branch	
Bank Address	
Pin Code	
Bank MICR Code*	
IFS code (Wherever applicable)	
Section B - Subscriber's Nomination Details (OPTIONAL - please refer to Sr. No 8 & 9 of the i	
Section D - Subscriber's Noninflation Details (OF FIONAL - Diease refer to Sr. No 8 & 9 of the f	instructions)
1. Name of the Nominee:	
1. Name of the Nominee:	Instructions)
1. Name of the Nominee:     2nd Nominee     3rd       Ist Nominee     Pirst Name*     First Name*	
1. Name of the Nominee:     1st Nominee     2nd Nominee     3rd	
1. Name of the Nominee:     2nd Nominee     3rd       1st Nominee     Pirst Name*     First Name*	
1. Name of the Nominee:     1st Nominee     2nd Nominee     3rd       First Name*     First Name*     First Name*     First Name*       Middle Name     Middle Name     Middle Name     Middle Name	
1. Name of the Nominee:       1st Nominee       2nd Nominee       3rd         First Name*       First Name*       First Name*       Image: Strate Stra	
1. Name of the Nominee:       Ist Nominee       2nd Nominee       3rd         First Name*       First Name*       First Name*       First Name*         Middle Name       Middle Name       Middle Name       Middle Name         Middle Name       Middle Name       Middle Name       Middle Name         Last Name       Last Name       Last Name       Last Name         1. Last Name       Last Name       Last Name       Last Name         1. Last of Birth (In case of a minor)*:       1. Date of Birth (In case of a minor)*:       1. Date of Date       3rd Nominee	
1. Name of the Nominee:       1st Nominee       2nd Nominee       3rd         First Name*       First Name*       First Name*       Image: Strate Stra	
1. Name of the Nominee:       2nd Nominee       3rd         Ist Nominee       First Name*       First Name*       First Name*         Image: Strate Strate       First Name       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate         Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate       Image: S	
1. Name of the Nominee:       2nd Nominee       3rd         First Name*       First Name*       First Name*       First Name*         Middle Name       Middle Name       Middle Name       Middle Name         Last Name       Last Name       Last Name       Last Name         2. Date of Birth (In case of a minor)*:       1       1       1       3rd Nominee         3. Relationship with the Nominee:       2nd Nominee       3rd Nominee       3rd Nominee	
1. Name of the Nominee:       2nd Nominee       3rd         Ist Nominee       First Name*       First Name*       First Name*         Image: Strate Strate       First Name       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate         Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate         Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate Strate       Image: Strate       Image: S	
1. Name of the Nominee:       Ist Nominee       2nd Nominee       3rd         First Name*       First Name*       First Name*       First Name*         Middle Name       Middle Name       Middle Name       Middle Name         Middle Name       Middle Name       Middle Name       Middle Name         Last Name       Last Name       Last Name       Last Name         2. Date of Birth (In case of a minor)*:       1st Nominee       3rd Nominee         3. Relationship with the Nominee:       2nd Nominee       3rd Nominee         4. Percentage Share:       % 2nd Nominee       % 3rd Nominee         5. Nominee's Guardian Details (in case of a minor):       % 2nd Nominee       % 3rd Nominee	
1. Name of the Nominee:       Ist Nominee       2nd Nominee       3rd         First Name*       First Name*       First Name*       First Name*         Middle Name       Middle Name       Middle Name       Middle Name         Middle Name       Middle Name       Middle Name       Middle Name         Last Name       Last Name       Last Name       Last Name         2. Date of Birth (In case of a minor)*:       1st Nominee       3rd Nominee         3. Relationship with the Nominee:       2nd Nominee       3rd Nominee         4. Percentage Share:       % 2nd Nominee       % 3rd Nominee         5. Nominee's Guardian Details (in case of a minor):       % 2nd Nominee       % 3rd Nominee	
1. Name of the Nominee:       Ist Nominee       Ist Nominee       Ist Nominee       Ist Nome*         First Name*       First Name*       First Name*       First Name*       First Name*         Image: Share:       Ist Nominee       Ist Nominee       Ist Nominee       Ist Nominee       Ist Nominee         1. St Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):         1. St Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):         1. St Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):	
1. Name of the Nominee:       Ist Nominee       Ist N	
1. Name of the Nominee:       Ist Nominee       Ist Nominee       Ist Nominee       Ist Nome*         First Name*       First Name*       First Name*       First Name*       First Name*         Image: Share:       Ist Nominee       Ist Nominee       Ist Nominee       Ist Nominee       Ist Nominee         1. St Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):         1. St Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):         1. St Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):       Ist Nominee's Guardian Details (in case of a minor):	

# Section C - Subscriber Scheme Preference (Please refer the instructions on Page No. 7 for further details): (i). PFM Selection for Active and Auto Choice (Select only one PFM)

PFM Name (in alphabetical order)	Please tick only one
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	

(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

(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%

**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.

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TIER II DETAILS					
I hereby submit the following details for activation of Tier – II account under NPS.					
1. Subscribers Bank Details: (MANDATORY - please refer to Sr. No. 7 of the second seco	he instructions)				
If same as Tier I, Please Tick else, Savings A/c Bank A/c Number*	Current A/c				
Bank Nee Paintee					
Bank Branch*					
Bank Address*					
Pin Code*					
Bank MICR Code*					
IFS code (Wherever applicable)					
2. Subscriber's Nomination Details (OPTIONAL - please refer to Sr. N	o. 8 & 9 of the instructions)				
Name of the Nominee:					
1st Nominee     2nd Nominee       First Name*     First Name *	3rd Nominee First Name*				
Middle Name Middle Name	Middle 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				
Percentage Share:					
1st Nominee % 2nd Nominee	% 3rd Nominee %				
Nominee's Guardian Details (in case of a minor):					
1st Nominee's Guardian Details2nd Nominee's Guardian DetailsFirst Name*First Name *	3rd Nominee's Guardian Details First Name*				
Middle Name Middle Name	Middle Name				
Last Name         Last Name	Last Name				
3. Subscriber Scheme Preference (Please refer the instructions on Pag	e 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) PFM Name (in alphabetical order)	Please tick only one				
HDFC Pension Management Company Limited					

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

- 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%

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

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To be filled by POP-SP		
POP-SP Registration Number	:	
KYC Compliance	: Yes	
KYC document accepted for identify proof	:	
KYC document accepted for address proof	:	
Document accepted for date of birth proof	:	
Copy of PAN card submitted	: Yes No	
PAN Compliance	: Yes	
To be filled by POP-SP		
	Signatur	e of Authorized Signatory
	Name :	Place :
POP-SP Seal	Designation :	
To be filled by CRA - Facilitation		
eceived by:	CRA-FC Registra	tion Number:
eceived at:		
knowledgement Number (by CRA-FC)		

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	etails - Section A	of Tier	I and Point No.1 of Tier II
1.	1	Full Name	Please state your name as mentioned in the Proof of Identity failing which the application is liable to be rejected. If the Proof of identity has a name by which the applicant has been known differently in the past, than the one provided in this application form, then requisite proof should be provided e.g. marriage certificate, or gazetted copy of name 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	IF you are having PAN, please provide copy of the same. Copy of PAN card is mandatory 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 communication and bank details within India. Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.		
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	Bank Details Tier 1	For Tier I, bank details are optional, however, if a subscriber mentions any of the bank details (except MICR code), all the bank details shall become mandatory.		
	Point No.1 of Tier II	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	2) Subscriber cannot f 3) Percentage share va values shall not be act 4) Sum of percentage		annot fil share val t be acce entage si	nate a maximum of three nominees. Il the same nominee details more than once. ue for all the nominees must be integer. Decimals/Fractional epted in the nomination(s). hare across all the nominees must be equal to 100. If sum of to 100, entire nomination will be rejected.
9.	Nominee's C	Guardian Details	If a nominee is	a minor	, then nominee's guardian details shall be mandatory.
Illustr	ative list of documents a	acceptable as proof of iden	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	Degree of Recognized Depository Account Sta			3 4	Depository Account Statement^ Credit Card Statement^
5	Bank Account Stateme			4 5	Bank Account Statement / Passbook^
6	Credit Card	III / FASSOOK		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	PAN Card	signed by a Member of	Parliament or		Certificate of address signed by a Member of Parliament or
14	Member of Legislative Gazetted Officer.	e Assembly or Municipal (	Di Parnament or 13 Member of Legislative Assembly or Munic		
		required to bring original			be more than six months old on the date of application. -attested photocopies (Originals will be returned over-the-

#### 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

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.
- b) 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

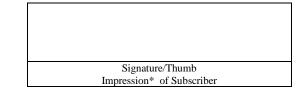
Write to: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

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 Fu	ull Nam
First Name *	:
Middle Name	:
Last Name	:
Father's Full N	ame:
First Name *	:
Middle Name	:
Last Name	:

(\* indicates Mandatory Field)



Name of the Subscriber:

Annexure	NCIS			To be used for subscr	ribing under NPS			
			nsion System (NI					
N. Subscriber Detail		ntribution Instruction S	Slip (NCIS) - All fiel	ds marked with * are mandato	ry.			
				_				
Subscriber's PRA				/ New Application				
				Г				
Are you a Govt. E Phone No/ Mobile	mployee No.:	with date of joining pre-1-1-20	04 (See instructions at Sr. 1	No 1 & 2) Yes	No			
Payment Details*	:							
	que/DD No.	Bank Name, Branch & City (mandatory in case of Cheque/DD)	Amount to be invested in Tier 1					
Amount to be inv Amount (in words)								
<ol> <li>Pre 1<sup>st</sup> Jan, 2004 Ge</li> <li>Please quote your is cheque/DD. In case</li> <li>Cheque/DD should crossed A/c payee of Cheque.</li> <li>Copy of PAN shou</li> <li>Each contribution is charged separately www.pfrda.org.</li> </ol>	ovt. employ 12 digit PR e of new ap 1 be drawn only. Pleas 1d be enclo e. contribu	vees can contribute only for Tier 2 vide yees, can contribute for both Tier 1 and AN allotted by Central Recordkeeping plication, please mentioned "New Appl a in favor of "POP (Name of the PO e ensure sufficient balance is available sed in case of cash contribution of Rs. 4 ation under Tier I and Tier II will be tr <b>ils of the charge structure, please</b>	d Tier 2 vide this NCIS g Agency (CRA) also on the re lication" on the reverse of the c PP) Collection Account - NPS in the bank account, before su 50,000 and above. reated as a separate transaction	heque/DD. Trust" and bmitting the Signature/	Left Thumb Impression of Subscriber			
(To be filled by POP/PO Received			POP-SP Registration	on Number:				
Received	at:		Date:	Time Stamp:				
Receipt N (To be provide		P-SP)						
(Perforation) - NCIS Acknowledgement to the Subscriber (To be filled by POP/POP-SP)								
POP-SP Registratio	n Numb	er:	PRAN:					
Name of the Subscr	iber:		Dat	te:// Time S	stamp:			
Cheque/DD Numbe	er:	Cheque/DD date:	Dra	awn on:				
Receipt Number (To be provided by	POP-SP)							
1. Amount received	Tier I:	Rs.	2. Amoun	nt received Tier II:	Rs.			
3. POP Registration	Charges	(one time): Rs.	4. POP Tra	ansaction Charges:	Rs.			
5. Service Tax (as a	pplicable	e) : Rs.						
6. Amount invested [(1+2)-(3+4+5)]	1:	Rs.	Sig	nature/Stamp of POP/PO	DP-SP/Place			
		nder Tier I and Tier II will be treated a <b>DA offer document at www.pfrda.or</b> g		ll be charged separately. For d	letails of the charge			



\_\_\_\_/ \_\_\_\_\* Date :

To, The Manager, IL&FS Securities Services Ltd IL&FS House, Plot no.14, Raheja Vihar, Chandivli, Andheri (East), Mumbai 400 072

# Sub : <u>CONSENT LETTER FOR ECS FACILITY</u>

Dear Sir,

With reference to the below mentioned NPS Permanent Retirement Account Number (PRAN), I / We hereby provide the consent to kindly register myself / ourselves under ECS payment mode. As required, please find the ECS mandate form duly filled and enclosed

(To be filled by client)

NPS PRAN *	
Name of the Subscriber	
POP SP ID	60
Email Id *	

X

(Signature of Subscriber)

*Note: \* Mandatory to be filled* 



# ELECTRONIC CLEARING SERVICE (DEBIT CLEARING) FORM (ISSL COPY)

The Manager,

I hereby authorize you to debit my account for making payment to IL&FS Securities Services Ltd as per the details given as under:

Name of the Subscriber	
NPS PRAN	

9-Digit Code Number of the bank and branch

(Appearing on the MICR cheque issued by the bank. Please attach the photocopy / blank cancelled cheques for verifying the accuracy for the code numbers)

ACCOUNT TYPE	Saving Bank	Current	Others
LEDGER AND LEDGER FOLIO NUMBER			
ACCOUNT NUMBER (as appearing on the			
cheque book)			

Name of the Scheme	Date effect debit	<b>of</b> /	Periodicity (Monthly / Quarterly)	Amt (Rs)	ECS Start Date	ECS End Date
TIER I	07 <sup>th</sup> Month	of				
TIER II	07 <sup>th</sup> Month	of				
TOTAL AMT						

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

То	be	signed	bv	the	Bank	Account	Holder
10	υc	Signeu	vy.	une	Dank	Account	Inonaci

Date : \_\_\_\_ / \_\_\_ /

X

X ----- (Signature of 2'

(Signature of  $1^{st}$  Holder) (Signature of  $2^{nd}$  Holder) (Signature of 3rd Holder)

X

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp

Signature of the authorized official of the bank



# ELECTRONIC CLEARING SERVICE (DEBIT CLEARING) FORM (BANKERS COPY)

The Manager,

I hereby authorize you to debit my account for making payment to IL&FS Securities Services Ltd as per the details given as under:

Name of the Subscriber	
NPS PRAN	

9-Digit Code Number of the bank and branch

(Appearing on the MICR cheque issued by the bank. Please attach the photocopy / blank cancelled cheques for verifying the accuracy for the code numbers)

ACCOUNT TYPE	Saving Bank	Current	Others
LEDGER AND LEDGER FOLIO NUMBER			
ACCOUNT NUMBER (as appearing on the cheque book)			

Name of the Scheme	Date effect debit	of /	Periodicity (Monthly Quarterly)	/	Amt (Rs)	ECS Date	Start	ECS Date	End
TIER I	07 <sup>th</sup> Month	of							
TIER II	07 <sup>th</sup> Month	of							
TOTAL AMT									

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

To be signed by the Bank Account Holder
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Date : / /

X

-----

*X* 

(Signature of 1<sup>st</sup> Holder) (Signature of 2<sup>nd</sup> Holder) (Signature of 3rd Holder)

X

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp

Signature of the authorized official of the bank



## ELECTRONIC CLEARING SERVICE (DEBIT CLEARING) FORM (CUSTOMER COPY)

The Manager,

I hereby authorize you to debit my account for making payment to IL&FS Securities Services Ltd as per the details given as under:

Name of the Subscriber	
NPS PRAN	

9-Digit Code Number of the bank and branch

(Appearing on the MICR cheque issued by the bank. Please attach the photocopy / blank cancelled cheques for verifying the accuracy for the code numbers)

ACCOUNT TYPE	Saving Bank	Current	Others
LEDGER AND LEDGER FOLIO NUMBER			
ACCOUNT NUMBER (as appearing on the			
cheque book)			

Name of the Scheme	Date effect debit	<b>of</b> /	Periodicity (Monthly / Quarterly)	Amt (Rs.)	ECS Start Date	ECS End Date
TIER I	07 <sup>th</sup> Month	of				
TIER II	07 <sup>th</sup> Month	of				
TOTAL AMT						

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

## To be signed by the Bank Account Holder

Date	:	/	/	

 X
 X
 X

 (Signature of 1<sup>st</sup> Holder)
 (Signature of 2<sup>nd</sup> Holder)
 (Signature of 3rd Holder)

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp

*Signature of the authorized official of the bank*