ANNEX-I

(Details	to be furnished by the Governmen	t Servant)		
(in Bioc Designa	k Letters) tion :			
Scale of	Pay :			
Date of	birth :			
Date of	joining Government Service :			
Basic Pa	ay :			
Nomin	ee for accumulations under The Pe	nsion Account :		
Sl.No.	Name of Nominee(s)	Age (Date of Birth)	Percentage of share payable	Relationship with the Government Servant
1.				
2.				
3.				

Signature of the Government Servant

ANNEX-II

FORMAT IN WHICH INFORMATION IS REQUIRED TO BE SENT BY DDO TO CENTRAL RECORD KEEPING AGENCY/CCA TOWARDS TIER-I OF THE NEW DEFINED CONTRIBUTORY PENSION SCHEME

Name of DDO/ Code No:

Sl.	e of Office and Addr			Date	Permanent Pension	Date of	Details of nominee(S) for under Pension	the accu		
No.	Servant	nation	l l	of Birth	Account No. in 16 digits allotted by PAO/CCA	Joini-ng service	Name of Nominee(s)	Age/ DOB	Relation- ship with Govt. servant	age of
							1			
							2			
							3			

Name of DDO/Signature:

Office Seal :

Ver 2.0 NATIONAL F	PEN	SIO	N SY	/STE	EM (NPS	S) – S	SUB	SCF	RIBE	R R	EGIS	STR	ATIC	ON F	ORI	VI - C	Sove	ernm	ent	Sec	tor		CSI	RF-			
Print my PRAN in Hindi Select your category [Please t			in eG	ov Te	Y	res Centr	es Lin	No vernm	If y	es, s		DL e-G	ls as	per A	nnex	ure I		Ltd.,)	Paste recent photograph of 3.5 cm × 2.5 cm size / Passport size (Do not sign across / stapple / clip)								
To, National Pension System T Dear Sir/Madam, I hereby request that an NI		ccoui	nt be	open	ed in	ı my	name	as p	er the	e par	ticula	ars giv	en b	elow	:						5	арріе	/ clip)					
* indicates mandatory fields. Pl							LOCK	letter	s (Re	fer ge	neral	guidel	ines a	at insti	ructior	ns pag	e.)											
1. PERSONAL DETAILS: (Re	efer S	1		he ins	7										Use	Anne	kure II	if nar	ne ex	ceeds	the s	space	provid	ded be	low			
Salutation*		Sh	ıri		Sr	nt.	L		Kuma	ari											ı							
Applicant Name*																												
Father's Name																												
Mother's Name																												
Either Father's or Mother's	name	is m	nanda	atory*			Sel	ect tl	he na	me t	o app	oear o	n PR	AN C	ard		Fa	ather's	s nam	ie [Moth	er's N	lame				
Date of Birth*	d	d	m	m	У	У	У	У																				
Place of Birth*																												
Country of Birth*																												
Gender*		M	ale				emale			Tr	anen	ender	· N	ationa	ality*													
Marital Status*		ĺ	nmai	ried			larried				_	/Wido		allOlla	anty	Divo	rcee											
Spouse Name* (if married)		, 0						-								Divo												
																	0			DANI -		00						
PAN* Income Range (per annum)		B	elow	1 lac			l lac t	0 5 ls		5	lac t	o 10 l	ac [1	0 lac	to 25		nissio		c to 1		m 60	7	andato				
Please Tick if Applicable]					erson					Politic							(Ref			ion	1)	VO 1	01			
2. PROOF OF IDENTITY (Po	l)* (If	_						ne follo											`				,					
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Driving License						<u> </u>]	Drivin	g Lic	ense	Expi	ry Da	te	d	d	m	m	У	У	У	У			
Government ID Card											,	Voter	ID C	ard														
National Population Register																												
Proof of possession of Aadh	aar	-			·		Provi	de la	est Fou	ır Digi	its Re	edact o	r blac	k-out f	first 8 (diaits a	of the A	⊣ Aadha	ar nur	mher o	nn suh	mitte	d conv	,	-			
3. ADDRESS DETAILS* (To		tested	d by th	ne Noo	dal Of	fice)]			2.9		, , , , , , , , , , , , , , , , , , , ,	. 5.40								J							
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Line 2																												
District																	State	e/U.T.	М	I	Z	0	R	Α	М			
Country	I	N	D	I	Α	F	IN Co	de																				
4. CONTACT DETAILS							ı						ı															
Telephone with STD code	9	1																										
Mobile*	9	1																										
Email ID																												
Email ID																									1 of 4			

CSRF- 5. BANK DETAILS* (Proof to be submitted - Refer Sr. No. 3 of the instructions)														F-G												
5. BANK DETAILS* (Proof to be submitted - Refer Sr. No. 3 of the instructions)																										
Account Type			Savin	g A	/c		Curre	nt A/	c			IFS	Code	е												
Bank A/c Number																										
Bank Name																										
6. NOMINATION DETAILS* (Refe	er S	Sr. No	. 4 of t	he i	nstruc	tions)																				
A. The nomination shall be in favor B. A fresh nomination shall be ma	our	of c	ne or	mc	re pe	rsons				is/hei	r fami	y. F	or noi	minat	ing r	nore	than o	one p	erso	n,	subn	nit A	nne	cure I	II	
C. Before filling up the details, ple	eas	se re	fer No	mir	natior	relat	ionshi	p m	atrix p	provid	led or	the	instr	uctio	ns pa	ige.				_						
Nominee Name																										
Relationship													Age			Date o	of Birth	d	d		m	m	У	У	У	У
Name of Guardian																										
(if nominee is a minor)																				_						
7. SELECTION OF PENSION F	UN	ID (P	F) AN	ID I	NVE	STME	ENT C	ноі	CE*	(Refe	Sr. N	o. 5	of the i	nstruc	ctions)										
Please Tick (√) one I wou	I would like to choose my Pension Fund and investment choice (Please select below) Pension Fund* (Please Tick (√) one) Aditya Birla Sunlife Pension Mgmt Ltd Axis Pension Fund Management Limited HDFC Pension Mgmt Co Ltd ICICI Prudential Pension Funds Mgmt Co Ltd Or Note: Medical Pension Fund Ltd Or																									
Aditya Birla Sunlife Pension Mgr	Aditya Birla Sunlife Pension Mgmt Ltd Axis Pension Fund Management Limited HDFC Pension Mgmt Co Ltd Cor Cor Cor Cor Cor Cor Cor Co																									
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HDFC Pension Mgmt Co Ltd CICI Prudential Pension Funds Mgmt Co Ltd Conservative (LC25)																										
															noice		Мо	derat	e (LC50)	\exists		1		
TATA Pension Mgmt Ltd	Max Life Pension Fund Mgmt Ltd SBI Pension Funds Private Limited Auto Choice Moderate (LC25)																									
TATA Pension Mgmt Ltd UTI Retirement Solutions Limited no option is chosen, the contributions will be invested as per default option																										
															ory											
B. Tier-II Choice (Please tick (√) to activate) Providing PAN is mandator Tier-II Tier II - Tax Saver (only for Central Government employees)															\neg											
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As per the details given in Anne	exu	ire iv									_		ne ban erent b								name er An				na	-
9. FATCA* (Foreign Account Ta	x C	Com	pliand	ce A	Act) 8	k CRS	S DEC	LAF	RATIC	ON (R	efer s	Sr n	o. 6 of	f the i	nstru	ıctior	ı):									
I am a tax resident of India	an	d not	reside	nt c	of any	other	country	. [I am	a tax	resid	dent of	the co	ountry	//ies r	nentior	ned be	elow							
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Particulars	3								Coun	try (1))				Coi	untry	(2)					Co	untry	(3)		
Country/countries of Ta	ax R	Reside	ncy																							
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Address in the jurisdiction for Tax Residence			City/To	wn/	/illage																					
		-	State																							
			ZIP/Po	st C	ode																					
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Validity of documentary evidence provided	(WI	herev	er applic	able))				ddn	nmyyy	'y				d	dmmy	ууу					d	ldmm	уууу		
I have understood the information require hereby confirm that the information provice				•		•										s) and		S			e / Th					of

er 2.0	CSRF-0 10. DECLARATION BY APPLICANT* (Refer Sr no. 7 of the instructions)														kF-G										
10. DECLARATION BY APPL	.ICAI	NT* (I	Refer	Sr no	. 7 of	the in	structi	ons)																	
I have read and understood the ten furnished by me are true and correct, informed to CRA / NPS Trust. I do no submission of any false or incorrect in	to the	e best	of my pre-ex	know isting	ledge. accou	Any c	hanges	s in th	e infor	mation	n furni	shed b	y me	shall b	е										
Declaration under the Prevention o	of Mor	ney La	under	ring A	ct, 20	02																			
I hereby declare that the contribution	paid b	y me/	on my	behal	f has b	oeen d	erived	from	legally	decla	red an	d asse	essed	source	s										
of income. I understand that NPS T government authorities. I further agr provisions of any law relating to preve	ee tha	at NPS	3 Trus	t has	the ri	•																			
Date: d d m m y	У	У	У	Pla	ce:											(*I TI	in cas	e of M	ales a	nd RT	I in ca	n* of A se of fe ase no	emale	s to be	Э
11. DECLARATION BY NODA	AL O	FFIC	E (Al	l Det	ails a	re Ma	andat	ory)							ļ.										
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Annexure II - If alphab	ets of	name	e exc	eede	d the	spa	ce p	rovi	ded d	n pa	age 1	of th	ne ap	plica	ation	forn	n		1						
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_ Nominee I - Name			$\overline{}$																						
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Relationship Name of Guardian (if nominee is a minor)				\perp								A	\ge		_ Da	ate of	Birth	d	d	m	m	У	У	У	
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Nominee II - Name																									
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