

### Application for Allotment of Permanent Retirement Account Number (PRAN) under NPS Lite

Signature/Left Thumb Impression  
of Subscriber in black ink

I would like my PRAN card to be printed in HINDI: ☐ Yes ☐ No (If Yes, please provide the details on Page No. 2)

|                    |  |  |  |  |  |  |  |              |
|--------------------|--|--|--|--|--|--|--|--------------|
| 3. Date of Birth * |  |  |  |  |  |  |  | (DD/MM/YYYY) |
|--------------------|--|--|--|--|--|--|--|--------------|

[illegible]

6. Membership Number  
allotted by Aggregator (if any):

|            |  |  |  |  |  |
|------------|--|--|--|--|--|
| Pin Code * |  |  |  |  |  |
|------------|--|--|--|--|--|

Current A/c

[illegible]

Pin Code

Bank MICR Code

Bank Branch IFSC  
(Indian Financial Systems Code)

**9. Details of Pension Fund Manager** (Refer to instruction No. g):

| <b><u>PFM Name (in alphabetical order)</u></b>                      | <b><u>Please tick only one</u></b> |
|---------------------------------------------------------------------|------------------------------------|
| <b>As Per Central Government Scheme</b> (Refer to instruction No.h) | <input type="checkbox"/>           |
| ICICI Prudential Pension Funds Management Company Limited           | <input type="checkbox"/>           |
| IDFC Pension Fund Management Company Limited                        | <input type="checkbox"/>           |
| Kotak Mahindra Pension Fund Limited                                 | <input type="checkbox"/>           |
| Reliance Capital Pension Fund Limited                               | <input type="checkbox"/>           |
| SBI Pension Funds Private Limited                                   | <input type="checkbox"/>           |
| UTI Retirement Solutions Limited                                    | <input type="checkbox"/>           |

**(For the present the choice of PFM is given at the Aggregator level and the PFM selected by an Aggregator would be applicable to all its underlying subscriber. However in future PFRDA at its discretion may give choice to individual subscribers).**

**10. Subscribers Nomination Details: (OPTIONAL – please refer to Sr. No. i of the instructions)**

**1. Name of the Nominee:**

| 1st Nominee                         | 2nd Nominee                         | 3rd Nominee                         |
|-------------------------------------|-------------------------------------|-------------------------------------|
| First Name<br><input type="text"/>  | First Name<br><input type="text"/>  | First Name<br><input type="text"/>  |
| Middle Name<br><input type="text"/> | Middle Name<br><input type="text"/> | Middle Name<br><input type="text"/> |
| Last Name<br><input type="text"/>   | Last Name<br><input type="text"/>   | Last Name<br><input type="text"/>   |

**2. Date of Birth (In case of a minor):**

|                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| 1st Nominee <input type="text"/> | 2nd Nominee <input type="text"/> | 3rd Nominee <input type="text"/> |
|----------------------------------|----------------------------------|----------------------------------|

**3. Relationship with the Nominee:**

| 1st Nominee          | 2nd Nominee          | 3rd Nominee          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**4. Percentage Share:**

|                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| 1st Nominee <input type="text"/> % | 2nd Nominee <input type="text"/> % | 3rd Nominee <input type="text"/> % |
|------------------------------------|------------------------------------|------------------------------------|

**5. Nominee's Guardian Details (in case of a minor):**

| 1st Nominee's Guardian Details      | 2nd Nominee's Guardian Details      | 3rd Nominee's Guardian Details      |
|-------------------------------------|-------------------------------------|-------------------------------------|
| First Name<br><input type="text"/>  | First Name<br><input type="text"/>  | First Name<br><input type="text"/>  |
| Middle Name<br><input type="text"/> | Middle Name<br><input type="text"/> | Middle Name<br><input type="text"/> |
| Last Name<br><input type="text"/>   | Last Name<br><input type="text"/>   | Last Name<br><input type="text"/>   |

**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.

**Declaration under the Prevention of Money Laundering Act, 2002**

I hereby declare that:

- 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.
3. I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

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

#### Authorization by Aggregator Office (NL-AO) :

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that subscriber is eligible to join NPS and the above declaration has been signed / thumb impressed before me by \_\_\_\_\_ after (s)he has read the entries / entries have been read over to him / her by me.

(Rubber Stamp of the Aggregator)

Signature of the Authorised Person

Name of the Aggregator: \_\_\_\_\_ NPS Lite- Account office (NL-AO) Registration Number:

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Place : \_\_\_\_\_ NPS Lite- Collection Centre (NL-CC ) Registration Number :

#### INSTRUCTIONS FOR FILLING THE FORM

- a) Form to be filled legibly in BLOCK LETTERS (English only) 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 canceling and re-writing and such corrections should be countersigned 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 which hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- e) The application is liable to be rejected if the mandatory fields are left blank or the application is incomplete.
- f) **The subscriber's thumb impression should be verified by the designated officer of the Aggregator accepting the form.**
- g) Investments would be made as per the Investment norms prescribed for Central Government Employees, through the selected Pension Fund Manager
- h) NPS Lite also provide option to select scheme applicable to Central Government Employees (mandatorily covered under NPS). The investment is made across three PFMs (SBI, UTI, LIC) in the ratio decided by NPS Trust/PFRDA.
- i) **Subscriber's Nomination Details**  
Percentage Share:
  - 1) Subscriber can nominate a maximum of three nominees.
  - 2) **Subscriber cannot fill the same** nominee details more than once.
  - 3) Percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s).
  - 4) 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.
 Nominee's Guardian Details:
  - 5) If a nominee is a minor, then nominee's guardian details shall be mandatory.

#### GENERAL INFORMATION FOR SUBSCRIBERS

- a) The Subscriber can obtain the status of his/her application from the respective Aggregator.
- b) For more information - Visit us at <http://www.npsra.nsdl.co.in> or Call us at 022-24994200 or e-mail us at [info.cra@nsdl.co.in](mailto:info.cra@nsdl.co.in) or write to Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, 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):**  
(\* indicates Mandatory Field)

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 Full Name:**

First Name \* : \_\_\_\_\_

Middle Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

**Father's Full Name:**

First Name \* : \_\_\_\_\_

Middle Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

|                                                 |
|-------------------------------------------------|
|                                                 |
| Signature/Thumb<br>Impression of the subscriber |

Name of the subscriber: \_\_\_\_\_