ATAL PENSION YOJANA (APY) - SUBSCRIBER REGISTRATION FORM

(Administered by Pension Fund Regulatory and Development Authority)

To,
The Branch Manager, ______________________________ Bank ______________________ Branch

Dear Sir/Madam,
I hereby request that an APY account be opened in my name under National Pension System (NPS) as per the particulars given below:

*** Indicates mandatory fields. Please fill the form in English and BLOCK letters**

1. BANK DETAILS:

Bank A/c Number*			
Bank Name*		Bank Branch*	

2. PERSONAL DETAILS:

Name of Applicant	**Shri**		**Smt.**		**Kumari**		
Full Name							
Date of Birth*	d d / m m / y y y y	Age		Mobile No			
Email ID		Aadhaar					
Married	**Yes**		**No**		**If married , spouse name is mandatory. Spouse will be the default nominee under APY.**		
Name of Spouse		Aadhaar					
Nominee's Name*		Aadhaar					
Nominee's Relationship with the subscriber							
Additional Details in case nominee is a Minor							
Date of Birth*	d d / m m / y y y y						
Guardian's Name*							
Whether beneficiary of other statutory social security schemes	Yes		No				
Whether Income Tax Payer	Yes		No				

3. PENSION DETAILS

Frequency of Contribution (Please tick(√)) *	**Monthly**		**Quarterly**		**Half Yearly**					
Pension Amount (Please tick(√)) *	1000		2000		3000		4000		5000	

Contribution Amount (in Rs.) (To be filled by the Bank)		I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient banlance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with penalty thereon.

Declaration & Authorization by all subscribers

I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same and declare that the information furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the bank of any change in the above information furnished by me. **Further, I do not hold any pre-existing account under APY.** I understand that I shall be fully liable for submission of any false or incorrect information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India.

Date	d d m m y y y y	**Signature/Thumb Impression* of Subscriber** (* LTI in case of male and RTI in case of female)	
Place			

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)
(To be filled by the Bank)

Name of the Subscriber:	
PRAN Number	
Guaranteed Pension Amount	
Periodicity of Contribution	
Contribution Amount under APY (in Rs.)	

Name of the Bank		
Bank Branch:		
Receiving Officer's Name:		
Date of Receipt of Application:		**Stamp and Signature of the Bank**