p <u>eda</u>	ATAL PENSION YOJANA (APY) (Administered by Pension Fund Regulatory and Development Authority) REGISTRATION FORM FOR EXISTING SWAVALAMBAN YOJANA SUBSCRIBERS																											
* Indicates mandatory fields. Please fill the form in English and BLOCK letters. **Subscribers who have registered under Swavalamban Yojana and are between 18 to 40 years on day of submission of form are eligible to shift to APY. Copy of PRAN card required is to be submitted alongwith this Form.																												
The Branch Manager,											E	_Bank											_Branch					
Dear Sir/Madam, I hereby request that my existing NPS account under Swavalamban Yojana be shifted to APY in my name as per the particulars given below. I understand that my holding in Swavalamban will be shifted to APY.																												
PRAN (already allotted under Swavalamban Yojana																			T									
1. BANK DETAILS:																												
Bank A/c Number*																												
Bank Name*																В	ank E	Bran	ch*									
2. PERSONAL DETAILS: Name of Applicant in full Shri Smt. Kumari																												
Name of Applicant in	full		Shr	i		Smt.			Ku	ma	ri																	
Full Name		. /	<u> </u>		/	<u> </u>	1				-			1	1.11				-					Т				
Date of Birth* Email ID	d	d /	m	m	/ y	уу	У	Ag	e					IVI	obile	1	0 adhaa)r	_		-			+		-		
Married	Yes	No If married , spouse name is mand									lata	n. (-					lofa			min		hau	or /				
Name of Spouse	Tes	No If married , spouse name is mandatory. Spouse will be the defau											un			l				÷								
Nominee's Name*																-	adhaa		+					+				
Nominee's Relationsh	ip with	the su	ubscrit	ber												1.			_							-		
Additional Details in c	-																											_
Date of Birth*	d	d /	m	m	/ v	VV	V																					
Guardian's Name*						, ,	/																					
Whether beneficiary of other statutory social security schemes Yes No																												
Whether Income Tax Payer Yes No																												
3. PENSION DETAILS																									_			
Pension Amount (Please tick(v)) * 10																500	-											
Contribution Amou	nt										e the															-		
(Monthly)											ent ui If th										-							
(in Rs.)					selected by me. If the tra banlance, I would not hol									d the bank responsible. I also undertake to deposit t														
(To be filled by the Ba		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. 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 m m y y y y Signature/Thumb Impression* of																												
Place					9	Subsc	ribe	r (* L	Tlin	cas	e of m	ale	and	RTI														
								in ca	ase o	of fe	male)																	
ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)																												
(To be filled by the Bank)																												
Name of	the Sul	bscribe	er:																									
PRAN Number																												
Guaranteed Pension Amount																												
Periodicity of Contribution																ont	hly											Π
Monthly Contribution Amount under A							IPY										-											
(in Rs.)																												
Name of the Bank																												1
Bank Branch:																												
Receiving Officer's Name:																												
Date of Receipt of App												S	tamp	and	l Sig	gnat	ture	<u>e of</u>	the	Ba	<u>nk</u>							