SPECIM	EN COPY (Fill 2 original	copies of the form) CSRF
The second se	SYSTEM (NPS) - SUBSCRIBER REG	ISTRATION FORM
Select your Central Recordkeep Agency (CRA) [Please tick(✓)]	ng NSDL e-Governance Karvy Con Infrastructure Ltd. Pvt. Ltd.	Non 4 staff
Please select your category [ Please tick(✓) ]	Central Govt. State Govt. All Citizen Model Corporate Sector	NPS Lite (GDS)
ro, National Pension System Trust. Dear Sir/Madam, hereby request that an NPS account be	opened in my name as per the particulars given below.	priscignip.
* indicates mandatory fields. Please fill th KYC Number, Retirement Adviser Cod	form in English and BLOCK letters with black ink pen. Refer general guid and Spouse Name fields are not applicable for Government & NP	lelines at instructions page) S Lite Subscribers
KYC Number (if applicable) Retirement Adviser Code (If applicable)	G	enerated from Central KYC Registry
1. PERSONAL DETAILS: (Please Name of Applicant in full First Name* Middle Name	refer to Sr. No.1 of the instructions) Shri V Smt. Kumari JAS PREET	
Last Name Subscriber's Maiden Name (if any)	SINGH	
Father's Name* (Refer Sr. No. 1 of instructions) Mother's Name*	MANJEET Mide HARPREET Mide	die SINGH die KAUR
(Refer Sr. No. 1 of instructions) Father's name will be printed on PRA Date of Birth* City of Birth* Country of Birth* Gender* [Please tick (✓)]	Variable       Variable <td< td=""><td>ase tick (✓) ] Id be supported by relevant documentary proof) Nationality* In-Indian ↓</td></td<>	ase tick (✓) ] Id be supported by relevant documentary proof) Nationality* In-Indian ↓
Marital Status* Spouse Name* (Refer Sr. No. 1 of instructions) Residential Status*	Married Others Mid	die KAUR
2. PROOF OF IDENTITY (Pol)* ( Passport Voter ID Card Driving License NREGA JOB Card	Any one of the documents need to be provided along with the identific Passport Ex PAN Card Driving Lice	
Others	Name of the ID I	D N u m b e r Please refer Sr. No. 2 of the instructions.
Thereby authorize CRA regist and authenticate my identity t (Targeted Delivery of Financia Aadhaar details (physical and inactive in NPS or the timefra provided, for the purpose of A	<b>H567890012</b> red with Pension Fund Regulatory and Development Authority (PFRD mough the Aadhaar Authentication system (Aadhaar based e-KYC ser I and other Subsidies, Benefits and Services) Act, 2016 and the allie I or digital, as the case maybe) submitted for availing services under me decided by PFRDA, the regulator of NPS, whichever is later. I under adhaar based authentication is ensured by CRA registered with PFRL	rvices of UIDAI) in accordance with the provisions of the Additaar d rules and regulations notified thereunder. I understand that the er NPS will be maintained in NPS till the time the account is not ferstand that Security and confidentiality of personal identity data DA till such time it is acting as CRA for my NPS account.
As per the amendments made und NPS. If you do not have Aadhaar an <b>3. PROOF OF ADDRESS (PoA)</b> [ Please tick (✓), as applicable ] #Not more than 3 months old. Please refer Sr. No. 2 of the instructions	er Prevention of Money-Laundering (Maintenance of Records) Second d / or PAN at present, please ensure that these details are provided with Correspondence Address Passport /Driving Usense/UD (Aadhaar)/ oter ID card/NRi Card/Ration Card/Others Registered Lease/Sale agreement of residence	EGA Job Permanent Address EGA Job Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence
4.1 CORRESPONDENCE ADDR Address Type* Flat/Room/Door/Block no. Premises/Building/Village	#Latest Gas/Electricity/Telephone[Landline] Bill ESS DETAILS* Residential/Business Residential V Business # 34-A	#Latest Gas/Electricity/Telephone[Landline] Bill Registered Office Unspecified Landmark
Road/Street/Lane Area/Locality/Taluk City/Town/District State/U.T.	STREET NO. 1 MODEL TOWN PATIALA PUNJAB	PIN Code 147001 INDrAry
4.2 PERMANENT ADDRESS DE Address Type* Flat/Room/Door/Block no. Premises/Building/Village Road/Street/Lane	TAILS*	ne as above. Registered Office Unspecified Landmark
Area/Locality/Taluk City/Town/District State/U.T.	and a second sec	PIN Code Country

In case of any guery, contact NPS Section at 0175-2206024.1015

CONTACT DETAILS					17 D			CSRF
							A	
Tel. (Off) (with STD code) +	k de la colo			-	: (with STD code)			
Mobile (Desirable) +	9 19646	XXX	XX,				tion and to get SM	S alerts)
Email ID 🗶 🗶	XXXXX	XXX	xe	Ugm	ail-cor	n	14 	. 8
OTHER DETAILS ( Please ref	er to Sr no. 3 of the instr	uctions)		0			na series Principal de la composición de la compo Principal de la composición de la compo	
Occupation Details* [ pl	Province	<u>.</u> .						
Private Sector Public Sector Government Sector Professional Homemaker Student Others (Please Specify)								
<ul> <li>Income Range (per anni</li> </ul>		1 lac to 5 lac		5 lac to	o 10 lac 👘 🛄	10 lac to 25 lac		
Educational Qualification		SSC	HSC	Gradu	ate Politically expose		ofessionals ( CA, C (Please refer ins	
Please Tick If Applicable SUBSCRIBER BANK DETA				-	Le beovi		ancolla	d abaau
(If Subscriber mentions any of	of the bank details all	the bank de	tails will b				Colud	hanklou
Account Type [ please tick(✓			Current				Lopy of	barklass
Bank A/c Number		XXX		x	18		VU	
Bank Name	STATE	BA	NK	OF	INDIA			
Branch Name	THE M	ALL	100	ANCH	•			
Branch Address	SBI, T	HE	MAI	LB	RANCH	PI	Code 147	-001
	PATIA	LA Sta	ate/U.T.	PUI	JJAB		ENDIH	ry
Bank MICR Code	14700	700	8	IFS Code	SBIN	1000	0 12	
SUBSCRIBERS NOMINATI	ON DETAILS* (Please	refer to Sr. No	o.5 of the	instructions)				
Name of the Nominee (You ca		mum of 3 nom			so please fill in Anne		Nomination Form) p ast Name	provided separately)
First Nam	IE		Middle	e Name		K	AUR	
Relationship with the Nomin	ee INIFE			Data of I	Birth (In case of N	linor) d d	/ m m / y	y y y
Nominee's Guardian Details				Date of i	Siltin (in case of in	annor) a a		, , ,
First Nan			Middl	e Name		l	ast Name	a
		t. 	1		į		-	
(a) LIC Pension Fund I	CTION (Tier I) : Pleas For Government Subscrib	se read belo bers, the follow Funds Pvt Lit	w condition ving PFs admitted (c)	tions befor ct as default UTI Retireme	<b>re opting for the</b> PFs as per the guid ent Solutions Ltd.	choice of Pens lelines issued by the	ne Government:	
3 Corporate Model: Subs	scribers under All Citizer	tion to choose '	the availab	le PFs as per	the below table in c	onsultation with the	ir respective Employ	er.
<ol><li>NPS Lite: NPS Lite is a</li></ol>	a group choice model wh	nere subscribe	r has a cho	pice of PF an	d investment option	as available with	Aggregator. he Pension Funds	
	Pension Fund (Please sel nited	lect only one)	Ple	ase Tick (✓)	Available to	Availability of		<u> </u>
LIC Pension Fund Lin					Government			
LIC Pension Fund Lin SBI Pension Funds P	Wate Lantied							
SBI Pension Funds P UTI Retirement Soluti	ons Limited	<b>A</b>	1		Sector			Available to
SBI Pension Funds P UTI Retirement Soluti ICICI Prudential Pens	ons Limited ion Funds Management	Company Lim	ited			Available to NPS Lite	Available to All Citizen Model*	Corporate
SBI Pension Funds P UTI Retirement Soluti	ons Limited ion Funds Management ion Fund Limited	Company Lim	ited					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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SBI Pension Funds P UTI Retirement Soluti ICICI Prudential Pens Kotak Mahindra Pens Reliance Capital Pens HDFC Pension Mana Birla Sunlife Pension	ons Limited ion Funds Management ion Fund Limited sion Fund Limited gement Company Limited Management Limited	d						Corporate
SBI Pension Funds P UTI Retirement Soluti ICICI Prudential Pens Kotak Mahindra Pens Reliance Capital Pens HDFC Pension Mana Birla Sunlife Pension * Selection of Pension F (ii) INVESTMENT OPTION (Please Tick ( ) in the box</td <td>ons Limited ion Funds Management i ion Fund Limited gement Company Limited Management Limited und is mandatory both in A given below showing you</td> <td>d Active and Auto</td> <td>Choice'.</td> <td></td> <td></td> <td></td> <td></td> <td>Corporate</td>	ons Limited ion Funds Management i ion Fund Limited gement Company Limited Management Limited und is mandatory both in A given below showing you	d Active and Auto	Choice'.					Corporate
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2	of	5

Ver 1.1			CSR		
11. DECLARATION BY SUBSCRIBER* ( Please refer to Sr	no. 7 of the instructions )				
Declaration & Authorization by all subscribers					
I have read and understood the terms and conditions of the Nat and declare that the information and documents furnished by r Record Keeping Agency/National Pension System Trust, of a understand that I shall be fully liable for submission of any fals. I further agree to be bound by the terms and conditions of pro complete or partial without any new declaration being furnished details) & T-PIN.	me are true and correct, to the bes any change in the above informat e or incorrect information or docur ovision of services by CRA from a	st of my knowledge and belief. I undertake to i tion furnished by me. I do not hold any pre-e nents.	nform immediately the Central existing account under NPS. I		
Declaration under the Prevention of Money Laundering Ac I hereby declare that the contribution paid by me/on my behalt the right to peruse my financial profile or share the information, found violating the provisions of any law relating to prevention	f has been derived from legally de with other government authorities	eclared and assessed sources of income. I un I further agree that NPS Trust has the right to	nderstand that NPS Trust has close my PRAN in case I am		
Date 09/11/2017					
Place: PATIALA	4	Taspreet	-		
		Signature/Thumb Impression* of S (* LTI in case of male and RTI in	ubscriber in black ink n case of females)		
12. DECLARATION ON FATCA* (Foreign Account Tax C	ompliance Act) COMPLIAN	CE (Please refer to Sr no. 8 of the instructions	.):		
Section I*					
US Person* Yes No 🗸					
Section II*			ана на селото на село Селото на селото на се		
For the purposes of taxation, I am a resident in the following out below or I have indicated that a TIN/functional equivaler	g countries and my Tax Identif nt is unavailable (kindly fill det	ication Number (TIN)/functional equivale ails of all countries of tax residence if mo	nt in each country is set ore than one):		
Particulars	Country (1)	Country (2)	Country (3)		
Country/countries of tax residency					
Address Lin	ne 1				
Address in the jurisdiction for Tax City/Town/V	/illage				
Residence State					
ZIP/Post Co	ode				
Tax Identification Number (TIN)/Functional equivalent Nun	nber				
TIN/ Functional equivalent Number Issuing Country					
Validity of documentary evidence provided (Wherever applica	able) dd / mm / yyyy	dd / mm / yyyy			
"I certify that:	uu / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy		
<ul> <li>a) It shall be my responsibility to educate myself and to comwith the Rules 114F to 114H of the Income tax Rules, 19 rules,</li> </ul>	uply at all times with all relevant 962 thereunder and the inforn	nt laws relating to reporting under section nation provided in the Form is in accord	1 285BA of the Act read ance with the aforesaid		
<li>b) the information provided by me in the Form, its supporting belief, true, correct and complete and that I have not with a Reportable account or otherwise.</li>	neid any material information i	that may affect the assessment/categoriz	zation of the account as		
<ul> <li>c) I permit/authorise the NPS Trust to collect, store, commun Trust and any of NPS intermediaries wherever situated in India of any confidential information for compliance with a</li> <li>d) I undertake the responsibility to declare and disclose with provided in the Form its supporting Appearures as well as</li> </ul>	any law or regulation whether ithin 30 days from the date o	disclosure between them and to the auth- domestic or foreign. f change, any changes that may take a	orities in and/or outside		
provide fresh self-certification along with documentary ev	vidence,	provided by me or if any certification be	comes incorrect and to		
e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.					
f) I hereby accept and acknowledge that the NPS Trust shall domain for confirming the information provided by me to the state of the st	ine NPS trust				
<ul> <li>g) I also agree to furnish such information and/or document India or abroad in the subject matter herein.</li> </ul>					
h) I shall indemnify NPS Trust for any loss that may arise to	the NPS Trust on account of	providing incorrect or incomplete information	ition.		
Date 09/ h h / 2017		Jaspreet			
Place: PATIALA		Signature/Thumb Impression* of Sul (* LTI in case of male and RTI in c	oscriber in black ink case of females)		
Name of subscriber JASPREE T	SINGH				

1.1	CSR
13. DECLARATION BY EMPLOYER	
	vernment Subscribers only
	and attested by the Deptt. (All Details are Mandatory)
Date of Joining 15 / h 0 / 2017	Date of Retirement $307647251$
Employee Code/ID (If applicable) $60 \times \times \times \times$ PPAN (If applicable)	
Group of Employee (Tick as applicable) Group A	Group B 🖌 Group C 🗌 Group D
	N XXXX (Mention concerned office of the
Department PSTCL	** Group A -> 55004 apertal
Ministry POWER	Group B-7 4300 Z 5499
DDO Registration Number SGV149506	C broup (7 2200 Z4200
DTO/PAO/CDDO/DTA/PrAO Registration Number 40167	+14 Croup & -> 2200 fless
Basic Pay 10900	
Pay Scale 10900-34800 +.	
It is certified that the details provided in this subscriber registration fo the address and employment details provided above are as per the s	service record of the employee maintained by us. Also, it is further certified that
he/she has read entries/entries have been read over to him/her by u	us and got confirmed by him/her.
NO SIGNATURE NO STAMP	NO SIGNATURE NO STAMP
Signature of the Authorised person Rubber Stamp of the DDO	
(In the box above) (In the box above)	(In the box above) DTA/PrAO (In the box above)
Designation of the Authorised Person Accounts office	r Designation of the Authorised Person Accounts officer
Name of the DDO Changer Mohan Deptt/Ministry PSTCI DOIALS	Name of DTO/PAO/CDDO/DTA/PrAO Chander Mohan
Deptt/Ministry PSTCL POWER	Date $O = / h h / 2 O / 4$
ployee Code/ID porate Regd. Number (CHO No.) Allotted by CRA D No. allotted by CRA tified that the details provided in this subscriber registration form by ployment details provided above are as per the service record of the	employee maintained by us. Also, it is further certified that he / she has read the
ries / entries have been read over to him / her by us and got confirmed e d d / m m / y y y y	d by him / her. Place
Signature of the Authorised person (In the box above)	
gnation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)
•	
*	

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15. TO BE FILLED BY POP-SP	Non't fill this	sage)
Receipt No. (17 digits)		POP-SP Registration Number
Document accepted for date of Birth Pr	oof:	
Copy of PAN card submitted YES		
	2 proprieta de la construcción d	ompliance YES NO
	one	intested) frue Copies
Existing Bank Customer:		
I/we hereby certify/confirm that Shri/Sm	nt/Kum	is an existing customer of the Bank having fully operativ
genting search according filo	dl	branch and KVC parma required for
is not a 'Basic	THING INFO ACCOUNT Nave been think co	mplied with. We further confirm that the S. B. a/c of Sh/Smt/Ku
Adhaar Based KYC Certificate:		
I/we hereby certify that Aadhaar Number	erof Sh/Smt/Kum	has been checked and the nam
and address mentioned on the original A	adhaar card are matching with that mer	tioned on NPS application form.
and and all the property and the pro-		Name:
·		Designation: Place:
POP-SP Seal	<b>.</b>	· · · · · · · · · · · · · · · · · · ·
FOF-SF Seal	Signature of Authorized Signatory	Date d d / m m / y y y y
	[To be filled by CRA - Facilitatio	n Centre (CRA-FC)]
Received by	CRA-FC Regi	stration Number
nt entre e entre e ™ entre e e		
Received at		Date d d / m m / y y y
Acknowledgement Number (by CRA-FC)		
PRAN Alloted		
ame of the Subscriber:	ACKNOWLEDGEN	
contribution Amount Remitted:		
	₹	
ate of Receipt of Application and Contrib	oution Amount: d d / m m /	уууу

CSRF

								CSRF
er 1.1					RUCTIONS FOR FILLING THE SUBS		REGI	STRATION FORM
					O	lines		
(a)	General Guidernes 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 countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving							
								ed. The application is liable to be rejected if mandatory fields are
(c)	Applic left bla	ations ank or t	ncomplete in any res he application form is	printe	ed back to back	led or clipped	to the	form. If there is any mark on the photograph such that it hinders
	the cl	ear visi	bility of the face of the	subsc	criber, the application chain net attested and accom	nanied by orig	ginals	for verification by the nodal office.
(e)	Copie	es of all	the documents subm	med by	itioned on the form, should match with the docume ould be verified by the designated officer of POP-	entary proof si SP / Nodal Off	ubmitte lice.	ed.
S. No	Ite	em o.	Item Details			Instru	iction	a second particular and second
				ii. Cu iii. The	arrently, Foreign Nationals / Other County marries	uals (OCI) and er's name and	Perso shall	n for Non Resident indians. ons of Indian Origin (PIO) are not allowed to open PRAN. select the option to be printed on PRAN Card.
			Opener		rried, spouse name is mandatory. ather's name is mandatory.	Il Annovuro II f	for the	same.
1		1		ii. If fa	father's name has more than 30 digits, you may m			
			Mother's Name		other's name is mandatory Mother's name has more than 30 digits, you may se ensure that the date of birth matches as indicat	fill Annexure I ed in the docu	iment	
			Date of Birth	S No	Proof of Identity (Copy of any one	)		Passport issued by Government of India
				1 2	Passport issued by Government of India. Ration card with photograph.		2	Pation card with photograph and residential address
				3	Bank Pass book or certificate with Photograph.		3	Bank Pass book or certificate with photograph and residential address
				4	Certificate of the POP bank for an existing Bank	customer.	4 5	Certificate of the POP bank for an existing Bank customer. Voters Identity card with photograph and residential address
				5 6	Voters Identity card with photograph and resider Valid Driving license with photograph		6	Valid Driving license with photograph and residential address
				7	Certificate of identity with photograph signed by Parliament or Member of Legislative Assembly	a Member of		Letter from any recognized public administration of the second se
				8	PAN Card issued by Income tax department		8	Parliament or Member of Legislative Assembly
			Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identifica of India	ation Authority	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
			Permanent address details	10	Job cards issued by NREGA duly signed by an	n officer of the	10	Job cards issued by NREGA duly signed by an officer of the State Government
	2 2,	3&4		11	Departments, statuary/ Regulatory Authorities, Undertakings, Scheduled commercial Banks, P	ublic Financia d Professiona		The identity card/document with address, issued by any of the following: Central/State Government and its Departments. Statuary/Regulatory Authorities, Public Sector Undertakings Scheduled Commercial Banks, Public Financial Institutions for their employees.
				12	Bodies such as ICAI, ICWAI, ICSI, Bar Council Photo. Identity Card issued by Defence, Pa	ramilitary and	12	Latest Electricity/water bill in the name of the Subscriber Claimant and showing the address (less than 3 months old)
				13	Police department's			Latest Telephone bill in the name of the Subscriber / Claiman and showing the address (less than 3 months old)
					employees. 4 Photo Credit card.		14 15	Latest Property/house Tax receipt (not more than one year old)
	<ul> <li>paper ( in case of rented/leased accommoduation)</li> <li>Note:</li> <li>(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.</li> <li>(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence a different, then proof for both have to be submitted.</li> </ul>							
	<ul> <li>(iii) The KYC documents may be submitted within a period of 30 days and period with prominent public functions in a foreign country, for Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state or of the government political party officials.</li> </ul>							
	4 7 Subscriber's Bank Details are optional. In case, subscriber provides bank details, it should be supported by scriber Name, Bank Account Numbe For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Numbe and IFS Code) or Bank Oretificate containing Name, Bank Account Numbe and IFS Code for direct credit or electronic transfer. In case if the and IFS Code) or Bank Certificate containing Name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Numbe							
	and IFS code should be submittee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not b In case of more than one nominee, percentage share value for all the nominees must be equal to 100. If sum of percentage is not equal to Subscriber's							
	5	8	Nomination Detail Pension Fund (PF	s 100	0, entire nomination will be rejected.			
	6	10	Selection and Investment Option	Sub n inv	bscribers from Government sector are currently r vested by default PFs as per the guidelines issued	by the Gover	nmen	tise the investment option. As mentioned, your contribution will b t. in the form. Thumb impression, if used, should be attested by ti d stamp. Left Thumb Impression in case of males and Right Thun
	7	11	Declaration by Subscriber	de	poression in case of females.	In the official o		the state of the s
				Cla •	Jurisdiction(s) of Tax Residence. Since 03 taxes	the global his		the said jurisdiction h
	8	12	Declaration by subscriber on FAT Compliance	CA	issued a high integrity number with an equivalent	cial security/in	nsurar	t been issued by the jurisolition. However, if the sale garbened on (a "Functional equivalent"), the same may be reported. Example ice number, citizen/personal identification/services code/number a ermanent Account Number (PAN) to be provided as Tax Identification
				•	Number (TIN) In case applicant is declaring US person statu Citizenship should be provided or reasons for n	us as 'No' but ot having relin	his/h quish	or Country of Birth is US, document evidencing Relinquishment
					General Informatio	n for Subscr	bers	
	L) C	hooribo	criber can obtain the sers are advised to reta information / clarificat	in the	acknowledgement one orgineer entry	esignated nod	al offic	er where they submit the application.
	c) Fo	or more	information / clarificat e: https://www.npscra.	ions, c		Website: http	os://np	s.karvy.com
		Call: 02 Addres	2-4090 4242 s: Central Recordkee	ping Ag	aency (CRA)	Address: Ce Karvy Comp	ntral F utersh	are Pvt. Ltd. www.r.R. Plot Nos. 31 & 32 Financial District, Nanakramguda,
		1st Flo Lower	or, Times Tower, Kam Parel (W), Mumbai - 4	00013	3	Serilingamp	ally Ma	andal, Hyderabad - 500032

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