

Instructions to fill PRAN Form (Download latest version 1.5 on PSTCL website e.g. www.pstcl.org – Information – NPS – Revised PRAN Form:-

1. PRAN Form is to be filled in duplicate.
2. Form must be filled with black pen only.
3. DOB/DOJ/DOR must be filled by the concerned employee.
4. Photograph must be **without** attestation and signature.
5. Basic Pay/Scale must be written.
6. PAN Number must be mentioned and attach self-attested **copy of Pan Card** along with the Form.
7. One cancelled cheque or self-attested copy of bank passbook of the employee must be attached with S-I form, Bank IFSC Code and Bank MICR Code to be also filled
8. Name of the concerned office must be mentioned.
9. Group of employee must be mentioned in PRAN form.
10. Form to be sent only by Accountant or concerned employee alongwith covering letter by office.
11. Specimen Copy of the S-I Form is enclosed.

SPECIMEN COPY (Fill 2 Original copies of this)

NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Please select your category [Please tick(✓)]	Central Govt. <input type="checkbox"/>	State Govt. <input checked="" type="checkbox"/>
	Central Autonomous Body <input type="checkbox"/>	State Autonomous Body <input type="checkbox"/>
	All Citizen Model <input type="checkbox"/>	Corporate Sector <input type="checkbox"/>
	NPS Lite (GDS) <input type="checkbox"/>	

Affix recent photograph of 3.5 cm x 2.5 cm size / Passport size
Don't staple, sign & attest the photograph

To,
National Pension System Trust.
Dear Sir/Madam,
I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable)	Generated from Central KYC Registry
Retirement Adviser Code (if applicable)	

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full Shri Smt. Kumari
 First Name* JASPREET
 Middle Name
 Last Name SINGH
 Subscriber's Maiden Name (if any)
 Father's Name* MANJEET SINGH
 (Refer Sr. No. 1 of instructions)
 Mother's Name* HARPREET KAUR
 (Refer Sr. No. 1 of instructions)
 Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)]
 Date of Birth* 08/06/1995 (Date of Birth should be supported by relevant documentary proof)
 City of Birth* PATIALA
 Country of Birth* INDIA
 Gender* [Please tick (✓)] Male Female Others Nationality* Indian
 Marital Status* Married Unmarried Others
 Spouse Name* HARMAN KAUR
 (Refer Sr. No. 1 of instructions)
 Residential Status* Indian

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification number)

Passport	Passport Expiry Date
Voter ID Card	PAN Card ABCDE1234F
Driving License	Driving License Expiry Date
NREGA JOB Card	
Others	Name of the ID

UID (Aadhaar) (UIDI [Aadhaar] number not required.) (PROVIDE COPY OF PAN AND ADHAR)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)*

[Please tick (✓), as applicable] #Not more than 2 months old. Please refer Sr No. 2 of the instructions	Correspondence Address	Permanent Address <input checked="" type="checkbox"/>
	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
	Registered Lease/Sale agreement of residence/Municipal Tax Receipt	Registered Lease/Sale agreement of residence/Municipal Tax Receipt
	#Latest Piped Gas/Water/Electricity/Telephone(Landline or postpaid mobile) Bill	#Latest Piped Gas/Water/Electricity/Telephone(Landline or postpaid mobile) Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type* Residential/Business Residential Business Registered Office Unspecified
 Flat/Room/Door/Block no. HOUSE NO. 197 Landmark
 Premises/Building/Village
 Road/Street/Lane STREET NO. 7
 Area/Locality/Taluk GURU NANAK NAGAR
 City/Town/District PATIALA PIN Code 147001
 State/U.T. PUNJAB INDIA

4.2 PERMANENT ADDRESS DETAILS*

Tick (✓) in the box in case the address is same as above.

Address Type* Residential/Business Residential Business Registered Office Unspecified
 Flat/Room/Door/Block no.
 Premises/Building/Village
 Road/Street/Lane
 Area/Locality/Taluk
 City/Town/District
 State/U.T.
 Landmark
 PIN Code

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invts etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

Section I*

US Person* Yes No

Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Tax Identification Number (TIN)/Functional equivalent Number			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules.
- The information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- 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.
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date 16/06/2022

Place: PATIALA

Name of subscriber JASPREET SINGH

Jaspreet
Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions)

Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date 16/06/2022

Place: PATIALA

Jaspreet

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

13. DECLARATION BY EMPLOYER

Applicable to Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining 10/10/2021 Date of Retirement 30/06/2053

Employee Code/ID (If applicable) 601234 Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
PPAN (If applicable)

Group of Employee (Tick as applicable) Group A Group B Group C Group D (MENTION CONCERNED OFFICE)

Office PRM DIVISION PATIALA

Department PSTCL

Ministry POWER

DDO Registration Number SGV149506C

DTO/PAO/CDDO/DTA/PrAO Registration Number 4016714 (FILL BASIC PAY & PAY. SCALE, AS PER WR OFFER LETTER)

Basic Pay 19900

Pay Scale 19900-35400

It is certified that the details provided in this subscriber registration form by JASPREET SINGH employed with us, including the address and employment 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 entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person		Designation of the Authorised Person	
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO	
Dept/Ministry		Date	

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining / / Date of Retirement / /

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment 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 entries / entries have been read over to him / her by us and got confirmed by him / her.

Date / / Place

Signature of the Authorised person (In the box above)	Rubber Stamp of the Corporate (In the box above)
Designation of the Authorised Person	

