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PRAN Card & Kit* (refer sl no. 1 of instructions)	RAN Car				al PRA	AN Ca	ırd		$\overline{}$		n Emai		_				Cou	rier /	pos	st)				Da	-4-		
Print my PRAN in Hindi			Y	⁄es	1	No	If ye	es, ple	ease s	submi	it detai	ls as p	oer An	nex	ure I										ste ent		
Please select your category*				Corpor	ate					All Cit	tizen														ort s grap		
То,																							5 cn	n × 2	2.5 c	m siz	,
National Pension System Trust Dear Sir/Madam,	ananad	lin m	v nom	0 00 n	or the	nortic	uloro	aivor	holo																	e / cli	
hereby request that an NPS account be a indicates mandatory fields. Please fill											lines a	t instr	uction	ns pa	age.))											
CKYC Identifier													RA Co														
1. PERSONAL DETAILS: (Refer	Sr. No. 1	of the	e instru	uctions	s)									Use	Ann	exu	re II	if na	me	ехсе	eds	s the	e spa	ace ,	provi	ded b	below
Salutation*	Shi	ri		Sm	nt.		_ k	Cuma																			
Applicant Name*	Fi	r :	s t						M i	d	d I	е		L				_	L	а	S	t	4	_	4		
Father's Name	Fi	r :	s t				<u> </u>		Mi	d	d I	е		<u> </u>			Ш		L	а	S	t	_		_	<u> </u>	Щ
Mother's Name	Fli	r	s t						M i	d	d I	е							L	а	S	t					
Either Father's or Mother's na	me is ma	anda	itory*			Sele	ct th	e na	me to	арр	ear o	n PR	AN Ca	ard			Fa	athe	r's r	ame	9		N	Noth	er's	Nam	ne
Date of Birth*	d d	m	m	у	у	У																					
Place of Birth*																											
Country of Birth*	I N	D	ΙA																								
Gender*	M	lale			Fe	male			Tra	ansg	ender			Ν	atio	nali	ity*	1	N	D	Π.	Α	N				
Marital Status*	Ur	nmarı	ried		Mai	ried			Wid	dow/\	Widov	ver			Div	vor	cee										
Spouse Name* (if married)	Fi	r	s t						Mi	d	d I	е		Τ					L	а	S	t					
PAN*								$\overline{}$	or	Forr	m 60 t	furnis	hed			Sı	ubm	issio	on o	f PA	Νo	r F	orm	60 i	s ma	andat	tory
Annual Income Range*	Ве	elow '	1 lac		1 la	c to 5	5 lac		5 la	ac to	10 lad		10	lac	- to 2	5 la	IC		2	5 lac	to	1 (Cr		Abc	ve 1	Cr
Occupation Details*	Pu	ıblic S	Sector		_ Privat∈	Sect	tor	Pr	_ ofessi	ional	s	elf En	_ nploye	ed	-	Hon	nema	aker		Oth	ners	S					
Please Tick if Applicable	Pc	olitica	ally ex	pose	d pers	son	Ē	= R	elated	d to F	olitic	ally e	xpos	ed r	ers	on			(F	_						n no.	. 1)
																											•
2. PROOF OF IDENTITY AND A	DDRES	S* (F	Refer S	Sr. No.	2 of th	ne ins	truction	ons)	Г																_		
Passport										Pass	sport E	Expiry	/ Date	е			d	d	m	m	3.7	, .	V	V	У		
I ''''			_			_		=	L									_	_	1111	У	_	<i>y</i>				
Driving License										Drivii	ng Lic	ense	Expi	iry [Date	:	d	d	m	m	у	,	У	у	У		
											ng Lic						d	d	m	_	y F	Prov	y ide			digits	
Driving License																	d	d	m	_	у У] F	Prov	y ide	Po	P C	ertifi	icate
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Driving License Voter ID Card NREGA Job Card	ILS* (Pro	oof to	be su	bmitte	ed)												d	d	m	_	у У Г	Prov	vide	Po	P C	ertifi	icate
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Ver 2.2							CSRF-I			
7. SELECTION OF PENSION FUND 1. The maximum permitted Equity Investme 2. All Citizen: Selection of one PF is manda 3. Corporate Model: The PF / Investment C	nt is 75% of the total asset a tory else form will be rejected	llocation. d. If no investment cho	ice is selected, fun	,	ested in Auto C	Choice (LC 50).				
	(Please Tick (√) one)	Investment Choice (Please Tick (√) one)								
Aditya Birla Sunlife Pension Mgmt Ltd	Axis Pension Fund	Management Limited	Balanced Life Cycle Fund (BLC)							
DSP Pension Fund Managers Private L		ū	OR							
					1	are in applicable asse	et class below			
ICICI Prudential Pension Funds Mgmt Co			, , ,	C (Upto 100%)	G (Upto 100%		Total			
LIC Pension Fund Limited	Max Life Pension Fi	J	% Equity	% Corp Bonds	% Govt. Sec	. % Alt. Assets	100%			
SBI Pension Funds Private Limited	Auto C	hoice S	Select one life cyc	cle fund below						
UTI Retirement Solutions Limited			Conservative (LC	25) Mo	derate (LC50)	Aggressive (L	_C75)			
8. Activate my Tier-II account (pleas With the same bank, nominee & inves	Refer Sr. no. 7 of instructions) Providing PAN is m With different bank/nominee/investment details as per Annexure IV									
9. FATCA* (Foreign Account Tax Co	mnliance Act) & CRS DE	FCI ARATION (Refe	r Sr no. 6 of the ins	etructions):						
✓ I am a tax resident of India and not res US Person Yes No. ✓	sident of any other country	I am a tax resident		,	low					
Particulars		Country (1		Country	(2)	Country	(3)			
Country/countries of Tax Residency	Address Line 1									
Address in the jurisdiction for Tax	City/Town/Village									
Residence	State ZIP/Post Code									
Tax Identification Number (TIN)/Functional equivale										
TIN/ Functional equivalent Number Issuing Country Validity of documentary evidence provided (Wherev	er applicable)	ddmmyyyy		ddmmyy	VV	ddmmyy	/VV			
I have understood the information requirement of		, , , , ,	s and Terms & Con		,,	,)				
DECLARATION BY APPLICANT* I have read and understood the terms and co	(Refer Sr no. 8 of the instruc	ctions)			Signature /	Thumb Impression (refer instructions				
furnished by me are true and correct, to the besinformed to CRA / NPS Trust. I do not hold any submission of any false or incorrect information Declaration under the Prevention of Money I I here by declare that the contribution paid by m of income. I understand that NPS Trust has t government authorities. I further agree that NI provisions of any law relating to prevention of m Date: d d m m y y y y y			es er ne Sių	case of males	nb Impression* of Ap and RTI in case of fe apression in case no h	males to be				
11. DECLARATION BY EMPLOYER (All Details are Mandatory	<i>'</i>)		•						
Date of Retirement d d	m m y y y y	,								
Employee Code/ID			Non-m	andatory if not	t available					
CHO Registration Number 5 5	6 6 0 1 3		CBO R	egistration Nu	ımber	6 5 6 7 3	0 4			
It is certified that		and the details provided		•	_					
provided above are as per the service record										
us and got confirmed by him/her.										
Name of the Authorised Person										
Designation of the Authorised Person										
Date		у у	Signa	ture of Author	ised person	Rubber stamp of th	ne Employer			
Place	GORAKHPUR					·				
12. TO BE FILLED BY POP										
Receipt No. (17 digits)										
POP Registration Number	POP-S	SP Registration Number	r							
Documents Received:										
Existing Customer: I/ we hereby certify/confir an operative Bank/Demat/Folio/										
branch/o compliance with PMLA Rules. I/We further con Account (applicable in case of Bank PoP)										
Name of the Authorised Person										
Designation of the Authorised Person										
Date	d d m m	VVV	V							
	G G III	7 7 7	Signa	ature of Author	rised person	Rubber stamp o	of the Pop			
Place		A 01/A1 014 11 1								
		ACKNOWLEDGE	WENT							
Name of the Subscriber										
Application Receipt Date:	d d m m	y y y	у							
Initial contribution amount										

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

- A) Fields marked with '*' are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (J) in the box available before the section number and strike off the sections not required to be updated.



at the end.		Section number and sunk	e on the sections not	rrequired to be appeare	eu.	WHATE TAKES
For office use only	Application Type*	√New □Update	e			
(To be filled by financial in				(Mandatory fo	or KYC update re	equest)
	Account Type*	✓Normal ☐Simpl	ified (for low risk	customers)	Small	
☐ 1. PERSONAL DE	TAILS (Please refer instruction A	at the end)				
_	Prefix First	Name	Middle I	Name	La	st Name
☐ Name* (Same as ID pr	oof)					
Maiden Name (If any*)						
Father / Spouse Name*						
Mother Name*						
Date of Birth*	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Υ				РНОТО
Gender*	☐ M- Male	☐ F- Female	e 🗌 T-Tra	ansgender		111010
Marital Status*	☐ Married	Unmarried	d 🗌 Othe	ers		
Citizenship*	☑ IN- Indian	☐ Others (I	SO 3166 Country	/ Code)		
Residential Status*	✓ Resident Individual	☐ Non Resid	dent Indian			
	☐ Foreign National		Indian Origin			
Occupation Type*	☐ S-Service (☐ Private S	Sector	ctor Govern	nment Sector)		
	☐ O-Others (☐ Profession		oyed \square Retired	☐Housewife	☐Student)	
	☐ B-Business☐ X- Not Categorised					
	☐ X- Not Categorised					
☐ 2. TICK IF APPLIC	ABLE RESIDENCE FOR TA	AX PURPOSES IN JUI	RISDICTION(S)	OUTSIDE INDIA (Please refer instru	ction B at the end)
ADDITIONAL DETAILS	REQUIRED* (Mandatory only if s	ection 2 is ticked)				
	of Jurisdiction of Residence*					
_	er or equivalent (If issued by juris	diction)*				
Place / City of Birth*			ountry Code of B	irth* I N		
•			•			
☐ 3. PROOF OF IDEI	NTITY (Pol)* (Please refer instru	ction C at the end)				
(Certified copy of any one of	of the following Proof of Identity[Pol]	needs to be submitted)				
☐ A- Passport Number	r	·	Passport	Expiry Date	D D — M M	- Y Y Y Y
☐ B- Voter ID Card						
√ C- PAN Card						
☐ D- Driving Licence			Driving Lie	cence Expiry Date	D D — M M	
☐ E- UID (Aadhaar)			Dilving Li	oerioe Expiry Date		
☐ F- NREGA Job Card						
	nent notified by the central governm	ient)	Ide	ntification Number		
_	res Account - Document Type	, ————————————————————————————————————		ntification Number		
_ ,	, ·					
4. PROOF OF ADI						
_	MANENT / OVERSEAS ADDRESS	•		nd)		
	of the following Proof of Address [Po	· .	_			
7. —		Residential	Business	=	tered Office	Unspecified
Proof of Address*	Passport Voter Identity Card	☐ Driving Licence☐ NREGA Job Card	☑ UID (Aadh □ Others	naar)	ase specify	
	Simplified Measures Account			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and opening	
Address						
Line 1*						
Line 2				City / Town / Vil	lane*	
District*	Pin / Po	ost Code*	State / U	J.T Code*	ISO 3166 Cou	untry Code* N

4.2 CORRESPONDENCE / LOCAL AL	DDRESS DETAILS * (Please see ins	struction E at the end)
Same as Current / Permanent / Overso	eas Address details (In case of multi	tiple correspondence / local addresses, please fill 'Annexure A1')
Line 1*		
Line 2		City / Town / Villago*
Line 3 District*	Pin / Post Code*	
☐ 4.3 ADDRESS IN THE ILIPISDICTION	N DETAILS WHERE APPLICANT IS I	RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)
Same as Current / Permanent / Overse		Same as Correspondence / Local Address details
Line 1*		
Line 2		
Line 3		City / Town / Village*
State*		ZIP / Post Code* ISO 3166 Country Code*
5. CONTACT DETAILS (All communi	ications will be sent on provided Mobile	no. / Email-ID) (Please refer instruction F at the end)
Tel. (Off)	Tel. (Res)	Mobile —
FAX — —	Email ID	
	N. (I f I d'e I I I	
	of Related Person	ns, please fill 'Annexure B1') (please refer instruction G at the end) KYC Number of Related Person (if available*)
	an of Minor Assigne	
Prefix	First Name	Middle Name Last Name
Name*	nber and name are provided, below deta	nile of postion 6 are entioned)
,	·	
PROOF OF IDENTITY [Pol] OF RELATE	D PERSON* (Please see instruction (H)	
A- Passport Number		Passport Expiry Date DDD-MMM-YYYYY
☐ B- Voter ID Card		
C- PAN Card		
D- Driving Licence		Driving Licence Expiry Date DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
☑ E- UID (Aadhaar)		
F- NREGA Job Card		
Z- Others (any document notified by t	-	Identification Number
S- Simplified Measures Account	- Document Type code	Identification Number
7. REMARKS (If any)		
8. APPLICANT DECLARATION		
		nd belief and I undertake to inform you of any changes
therein, immediately. In case any of the above inform for it.	nation is found to be false or untrue or misleading o	or misrepresenting, I am aware that I may be held liable [Signature / Thumb Impression]
I hereby consent to receiving information from Centra	al KYC Registry through SMS/Email on the above r	
Date: DD-MM-YYYY	Place: GORAK	H P U R Signature / Thumb Impression of Applicant
9. ATTESTATION / FOR OFFICE	USE ONLY	
Documents Received ✓ Certified C		
KYC VERIFICATION CA	·	INSTITUTION DETAILS
Date Do - M M		Name RARODA II PRANK
Emp. Name		Name B A R O D A U. P. B A N K Code 6 5 6 7 3 0 4
Emp. Code		
Emp. Designation		
Fran Dranah	OFFICE	
HEAD	OFFICE	
[Employee S		[Institution Stamp]