CSRF

| Agency (CRA) [Please tick(√) | | e-Governance tructure Ltd. | | Karvy Con Pvt. Ltd. | nputershare | FORM | |
|--|---|--|---|---|--|---|---|
| lease select your category Please tick(\checkmark)] | Central Govi All Citizen M | | State Govt. Corporate S | ector | NPS Lite (GDS | \$) | Affix recent colour photograph of 3.5 cm × 2.5 cm siz Passport size |
| , tional Pension System Trust. ar Sir/Madam, ereby request that an NPS account t | | | | | | | 1 assport size |
| ndicates mandatory fields. Please fill YC Number, Retirement Adviser Co | | | | | | | |
| YC Number (if applicable) etirement Adviser Code (If applicabl | le) | | | G | enerated from Central I | (YC Registry | |
| PERSONAL DETAILS: (Plea | se refer to Sr. No.1 | of the instructions | 3) | | | | |
| Name of Applicant in full First Name* | Shri | Smt. | Kumari | | | | |
| Middle Name | | | | | | | |
| Last Name | | | | | | | |
| Subscriber's Maiden Name (if an Father's Name* | iy) | | | | | | |
| (Refer Sr. No. 1 of instructions) Mother's Name* | | | | | | | |
| (Refer Sr. No. 1 of instructions) Father's name will be printed on PR | PAN card in case m | other's name to be | printed instead of fa | ther's name [Plac | rac tick(x) | | |
| Date of Birth* | d d / m | | | - | d be supported by rele | evant documer | ntary proof) |
| City of Birth* | | | | | | | |
| Country of Birth* | | | | | | | |
| Gender* [Please tick (✓)] Marital Status* | Male | Female | Others | N | ationality* | In-Indian | |
| Spouse Name* | Married | Unmarried | Others | Mido | | | |
| (Refer Sr. No. 1 of instructions) | | | | | | | |
| Residential Status* | Indian | | | | | | |
| PROOF OF IDENTITY (Pol) | * (Any one of the d | ocuments need to | be provided along | with the identification | ation number) | | |
| Passport | | | | Passport Ex | piry Date | d d / m | m m I y y y |
| Voter ID Card Driving License | | | | PAN Card | nse Expiry Date | d d / m | n m / v v v |
| NREGA JOB Card | | | | Driving Lice | ise Expiry Dute | | , , , , , , , , , , , , , , , , , , , |
| | | | | | | | |
| Others | Name of the I | | | |) N u m | ber Ple | ease refer Sr. No. 2 of the instruct |
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5. CONTACT DETAILS Tel. (Off) (with STD code) + Tel. (Res): (with STD code) + Mobile (Desirable) 9 1 (Mobile Number is required for communication and to get SMS alerts) + Email ID 6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions) Occupation Details* [please tick(\checkmark)] Private Sector Public Sector Government Sector Professional Self Employed Homemaker Student Others (Please Specify) 10 lac to 25 lac Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 25 lac and above Educational Qualifications Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.) Politically exposed person Related to Politically exposed Person (Please refer instruction no.3) Please Tick If Applicable 7. SUBSCRIBER BANK DETAILS (Please refer to Sr no. 4 of the instructions) (If Subscriber mentions any of the bank details, all the bank details will be mandatory except MICR Code.) Account Type [please tick(\checkmark)] Savings A/c Current A/c Bank A/c Number Bank Name Branch Name **Branch Address PIN Code** Bank MICR Code IFS Code 8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions) Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately) First Name Middle Name Last Name Relationship with the Nominee Date of Birth (In case of Minor) d d / m m / Nominee's Guardian Details (in case of a minor) First Name Middle Name Last Name 9. NPS OPTION DETAILS (Please tick (✓) as applicable) I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I. (If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/ POP-SPs rendering services under NPS and Annexure S10 is available on CRA website) I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II 10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions) (i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds: Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government: 1. (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below. Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer. 3. NPS Lite: NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator. 4. Name of the Pension Fund (Please select only one) Availability of the Pension Funds Please Tick (√) LIC Pension Fund Limited Available to SBI Pension Funds Private Limited Government Sector UTI Retirement Solutions Limited Available to ICICI Prudential Pension Funds Management Company Limited Available to Available to All Corporate NPS Lite Citizen Model³ Kotak Mahindra Pension Fund Limited Model* Reliance Capital Pension Fund Limited HDFC Pension Management Company Limited Birla Sunlife Pension Management Limited Selection of Pension Fund is mandatory both in Active and Auto Choice'. (ii) INVESTMENT OPTION (Please Tick (\checkmark) in the box given below showing your investment option). Active Choice Auto Choice Please note: In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50) In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will 3. be made as per Auto Choice (LC 50) (iii) ASSET ALLOCATION (to be filled up only in case you have selected the 'Active Choice' investment option) G Е С Note: 1. The total allocation across E, C, G and A asset classes must be equal to 100%. In A Total Asset Class (Cannot (Max up to (Max up to (Cannot case, the allocation is left blank and/or does not equal 100%, the application shall be rejected. exceed 50%) 100%) 100%) exceed 5%) 2. Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Goverment Bonds and related instruments; Asset Class Specify % A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc. (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 Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset

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LC 75

LC 50

IC 25

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

CSRF

| 11. DECLARATION BY SUBSCRIBER* (Plea | ase refer to Sr no. 7 of the i | nstructions) | | |
|--|---|---|---|---|
| Declaration & Authorization by all subscribe | | | | |
| I have read and understood the terms and condi and declare that the information and documents Record Keeping Agency/National Pension Sys understand that I shall be fully liable for submiss | itions of the National Pensio s furnished by me are true a tem Trust, of any change i | and correct, to the best of my n the above information furr | knowledge and belief. I undertake | to inform immediately the Cer |
| I further agree to be bound by the terms and c complete or partial without any new declaration details) & T-PIN. | | | | |
| Declaration under the Prevention of Money I I hereby declare that the contribution paid by m the right to peruse my financial profile or share t found violating the provisions of any law relatin | ne/on my behalf has been of the information, with other g | overnment authorities. I furth | | |
| Date d d / m m / y y | | | | |
| Place : | | | | |
| | | Sig | nature/Thumb Impression* (* LTI in case of male and R | |
| Section I* US Person* Yes No Section II* For the purposes of taxation, I am a resident ut below or I have indicated that a TIN/funct | | | | |
| ut below or I have indicated that a TIN/funct Particulars | ional equivalent is unava | Country (1) | Country (2) | fr more than one): Country (3) |
| Country/countries of tax residency | | | | |
| | Address Line 1 | | | |
| Address in the jurisdiction for Tax | City/Town/Village | | | |
| Address in the jurisdiction for Tax Residence | State | | | |
| | ZIP/Post Code | | | |
| Tax Identification Number (TIN)/Functional | equivalent Number | | | |
| TIN/ Functional equivalent Number Issuing | • | | | |
| Validity of documentary evidence provided (W | | dd / mm / yyyy | dd / mm / yyyy | dd / mm / yyyy |
| I certify that: It shall be my responsibility to educate my with the Rules 114F to 114H of the Incomrules, the information provided by me in the For belief, true, correct and complete and that a Reportable account or otherwise. I permit/authorise the NPS Trust to collect, Trust and any of NPS intermediaries wher India of any confidential information for coll I undertake the responsibility to declare a provided in the Form, its supporting Annex | the tax Rules, 1962 there rm, its supporting Annex I have not withheld any store, communicate and ever situated including s ompliance with any law c and disclose within 30 c kures as well as in the do | under and the information ures as well as in the door material information that r d process information rela haring, transfer and disclo r regulation whether dom lays from the date of cha | n provided in the Form is in ac cumentary evidence are, to the may affect the assessment/cate ting to the Account and all tran osure between them and to the estic or foreign. unge, any changes that may t | ecordance with the aforesa e best of my knowledge ar egorization of the account a sactions therein, by the NF authorities in and/or outsid ake place in the informatio |
| provide fresh self-certification along with c I also agree that in case of my failure to di authority designated by the Government of the NPS Trust if the deficiency is not reme I hereby accept and acknowledge that the domain for confirming the information prov I also agree to furnish such information a India or abroad in the subject matter here I shall indemnify NPS Trust for any loss the | sclose any material fact of India (GOI) /RBI/IRDA edied by me within the st NPS Trust shall have the vided by me to the NPS nd/or documents as the in. | /PFRDA for the purpose of ipulated period. e right and authority to car Trust NPS Trust may require fr | or take any other action as ma ry out investigations from the ir rom time to time on account o | y be deemed appropriate t nformation available in publ f any change in law either |
| Date d d / m m / y y y | | | nature/Thumb Impression* | |

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| | | nont Subscribers only | | | |
|---|---|---|---|--|--|
| (Subscribers En | | nent Subscribers only attested by the Deptt. (All Details | s are Mandatory) | | |
| | / m m / y y y y | | d d 1 m m 1 y y y y | | |
| Employee Code/ID (If applicable) | | | | | |
| PPAN (If applicable) | | | | | |
| Group of Employee (Tick as applica | ble) Group A Gro | oup B Group C | Group D | | |
| Office | | | | | |
| Department | | | | | |
| Ministry | | | | | |
| DDO Registration Number | | | | | |
| DTO/PAO/CDDO/DTA/PrAO Registra | ation Number | | | | |
| Basic Pay | | | | | |
| Pay Scale | | | | | |
| he/she has read entries/entries have | | | | | |
| 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) | n Rubber Stamp of the DTO/PAO/CDDC DTA/PrAO (In the box above) | | |
| | | | | | |
| Designation of the Authorised Person | | Designation of the Authorised Pe | erson | | |
| Designation of the Authorised Person Name of the DDO | | Designation of the Authorised Pe Name of DTO/PAO/CDDO/DTA/PrAC | | | |
| Name of the DDO Deptt/Ministry | | Ũ |) | | |
| Name of the DDO Deptt/Ministry DECLARATION BY EMPLOYER/ CO (Subscribers B) | Applicable to Corpor Employment Details to be filled and | Name of DTO/PAO/CDDO/DTA/PrAC Date d d / m m / rate Subscribers only attested by Corporate (All Details ar | y y y y re Mandatory)) | | |
| Name of the DDO Deptt/Ministry DECLARATION BY EMPLOYER/ CO (Subscribers B ate of Joining d d / m | Applicable to Corpo | Name of DTO/PAO/CDDO/DTA/PrAC Date d d / m m / rate Subscribers only attested by Corporate (All Details ar | y y y y | | |
| A DECLARATION BY EMPLOYER/ CO (Subscribers F ate of Joining d d / m nployee Code/ID | Applicable to Corpor | Name of DTO/PAO/CDDO/DTA/PrAC Date d d / m m / rate Subscribers only attested by Corporate (All Details ar | y y y y re Mandatory)) | | |
| A DECLARATION BY EMPLOYER/ CO (Subscribers R ate of Joining d d / m mployee Code/ID d / m orporate Regd. Number (CHO No.) Allo | Applicable to Corpor | Name of DTO/PAO/CDDO/DTA/PrAC Date d d / m m / rate Subscribers only attested by Corporate (All Details ar | y y y y re Mandatory)) | | |
| A DECLARATION BY EMPLOYER/ CO (Subscribers I ate of Joining d d / m nployee Code/ID d d Orporate Regd. Number (CHO No.) Allo BO No. allotted by CRA | Applicable to Corpor Employment Details to be filled and m / y y y tted by CRA | Name of DTO/PAO/CDDO/DTA/PrAC Date d d / m m / rate Subscribers only attested by Corporate (All Details ar | y y y y re Mandatory)) | | |
| A pepti/Ministry | Applicable to Corpor Employment Details to be filled and M / y y y y tted by CRA s subscriber registration form by _ as per the service record of the emp | Name of DTO/PAO/CDDO/DTA/PrAC Date d / m / rate Subscribers only attested by Corporate (All Details ar Date d d d d Date d d d d d attested by Corporate (All Details ar Date of Retirement d d d Date d d d d d d loyee maintained by us. Also, it is fu d d d d d | re Mandatory)) | | |
| Name of the DDO Deptt/Ministry | Applicable to Corpor Employment Details to be filled and M / y y y y tted by CRA s subscriber registration form by _ as per the service record of the emp | Name of DTO/PAO/CDDO/DTA/PrAC Date d / m / rate Subscribers only attested by Corporate (All Details ar Date d d d d Date d d d d d attested by Corporate (All Details ar Date of Retirement d d d Date d d d d d d loyee maintained by us. Also, it is fu d d d d d | re Mandatory)) | | |
| A DECLARATION BY EMPLOYER/ CO (Subscribers F ate of Joining mployee Code/ID brporate Regd. Number (CHO No.) Allo BO No. allotted by CRA ertified that the details provided in this mployment details provided above are a atries / entries have been read over to h | Applicable to Corpor Employment Details to be filled and M / y y y y tted by CRA s subscriber registration form by _ as per the service record of the emp | Name of DTO/PAO/CDDO/DTA/PrAC Date d / m m / rate Subscribers only attested by Corporate (All Details and Date of Retirement d <t< td=""><td>re Mandatory))</td></t<> | re Mandatory)) | | |
| A pepti/Ministry | Applicable to Corpor Employment Details to be filled and M / y y y y tted by CRA s subscriber registration form by _ as per the service record of the emp im / her by us and got confirmed by | Name of DTO/PAO/CDDO/DTA/PrAC Date d / m m / rate Subscribers only attested by Corporate (All Details and Date of Retirement d <t< td=""><td>re Mandatory))</td></t<> | re Mandatory)) | | |

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| 15. TO BE FILLED BY POP-SP | | | | | |
| Receipt No. (17 digits) POP-SP Registration Number | | | | | |
| Document accepted for date of Birth Proof: | | | | | |
| Copy of PAN card submitted YES NO KYC Compliance YES NO Documents Received: (Originals Verified) Self Certified (Attested) True Copies Identity Verification : Done | | | | | |
| /we hereby certi Saving Bank acc which match the Adhaar Based P | ify/confirm that Shri/S count no e requirements for op is not a 'Basi (YC Certificate : | pening NPS account have been fully comp c Savings Bank Deposit Account' | branch and KYC no lied with. We further cor | orms required for opening Bank Account firm that the S. B. a/c of Sh/Smt/Kum | |
| | | | | | |
| | | | Name: | | |
| | | | Designation: | Place: | |
| POI | P-SP Seal | Signature of Authorized Signatory | Date d / n | n m I y y y y | |
| RAN Alloted lame of the Sub Contribution Amo | scriber: | CRA-FC Registra | ation Number Date | Image: | |
| | | | Stamp and | d Signature of the Employer/PoP: | |
| | Receipt No. (17 Document accept Copy of PAN car Documents Reco dentity Verificati Existing Bank C Adhaar Based I (we hereby cert and address mer To be fill PO PO Received by Received at acknowledgement RAN Alloted Lame of the Sub Contribution Amo | Receipt No. (17 digits) Document accepted for date of Birth F Copy of PAN card submitted YES Documents Received: | Receipt No. (17 digits) | Receipt No. (17 digits) POP-SP Registratic Document accepted for date of Birth Proof: KYC Compliance Copy of PAN card submitted YES NO Documents Received: (Originals Verified) Self Certified (Attested) True Copies dentity Verification : Done Stating Bank Customer: We hereby certify/confirm that Shri/Smt/Kum | |

| Ver 1. | 1 | | CSRI | | | | | |
|------------|---|---|---|--|--|--|--|--|
| | | | INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM | | | | | |
| | | | General Guidelines | | | | | |
| | a) 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 a blank box after each word. | | | | | | | |
| (b) (c) | b) In case, you mention the KYC number submission of proof for the same is necessary. c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are | | | | | | | |
| (d) | | | | | | | | |
| (e) | | | | | | | | |
| (g) | The subsc | | pplicant mentioned on the form, should match with the documentary proof submitted. npression should be verified by the designated officer of POP-SP / Nodal Office. | | | | | |
| S. No | Item No. | Item Details | Instructions | | | | | |
| | | Personal Details | i. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card. | | | | | |
| 1 | 1 | Spouse Name | If married, spouse name is mandatory. i. Father's name is mandatory. | | | | | |
| | | Father's Name | ii. If father's name has more than 30 digits, you may fill Annexure II for the same.i. Mother's name is mandatory | | | | | |
| | | Mother's Name | ii. If Mother's name has more than 30 digits, you may fill Annexure II for the same. | | | | | |
| | | Date of Birth | Please ensure that the date of birth matches as indicated in the document provided in the support. | | | | | |
| | | | S.No Proof of Identity (Copy of any one) S.No Proof of Address (Copy of any one) 1 Passport issued by Government of India. 1 Passport issued by Government of India | | | | | |
| | | | 2 Ration card with photograph. 2 Ration card with photograph and residential address 3 Bank Pass book or certificate with Photograph. 3 Bank Pass book or certificate with photograph and residential | | | | | |
| | | | 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. 5 Voters Identity card with photograph and residential address. 5 Voters Identity card with photograph and residential address. | | | | | |
| | | | 5 Voters Identity card with photograph and residential address. 5 Voters Identity card with photograph and residential address. 6 Valid Driving license with photograph 6 Valid Driving license with photograph and residential address. | | | | | |
| | | | 7 Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly 7 Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc. | | | | | |
| | | | 8 PAN Card issued by Income tax department 8 Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly | | | | | |
| | | Identity, Correspondence & Permanent address | 9 Aadhar Card / letter issued by Unique Identification Authority 9 Aadhar Card / letter issued by Unique Identification Authority of India 9 Aadhar Card / letter issued by Unique Identification Authority of India | | | | | |
| | | details | 10 Job cards issued by NREGA duly signed by an officer of the State Government 10 State Government | | | | | |
| 2 | 2, 3 & 4 | | Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. 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 Bodies such as ICAI, ICWAI, ICSI, Bar Council etc. | | | | | |
| | | | 12 Photo. Identity Card issued by Defence, Paramilitary and Police department's 12 Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old) | | | | | |
| | | | 13 Ex-Service Man Card issued by Ministry of Defence to their employees. 13 Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old) | | | | | |
| | | | 14 Photo Credit card. 14 Latest Property/house Tax receipt (not more than one year old) 15 Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation) | | | | | |
| | | | Note: (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. (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 & Permanent address are different, then proof for both have to be submitted. (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers) Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for | | | | | |
| 3 | 6 | Politically Exposed Person | example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state- owned corporations, important political party officials. | | | | | |
| 4 | 7 | Subscriber's Bank Details | cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted. | | | | | |
| 5 | 8 | Subscriber's Nomination Details | In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected. | | | | | |
| 6 | 10 | Pension Fund (PF) Selection and Investment Option | For more details on 'Investment Option', you may visit CRA website. Subscribers from Government sector are currently not allowed to exercise the investment option. As mentioned, your contribution will be invested by default PFs as per the guidelines issued by the Government. | | | | | |
| 7 | 11 | Declaration by Subscriber | Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females. | | | | | |
| | | Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. | | | | | | |
| 8 | 12 | Declaration by subscriber on FATCA Compliance | on FATCA of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number) If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of | | | | | |
| | | | Citizenship should be provided or reasons for not having relinquishment certificate is to be provided General Information for Subscribers | | | | | |
| b) S | ubscribers | | tus of his/her application from CRA and their designated nodal officer. The acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. | | | | | |
| 5, 1 | Website: h | ttps://www.npscra.nsc | Il.co.in Website: https://nps.karvy.com | | | | | |
| | Call: 022-4 Address: 0 | 1090 4242 Central Recordkeeping | g Agency (CRA) Call: 1800 208 1516 Address: Central Recordkeeping Agency (CRA) | | | | | |
| | NSDL e-Governance Infrastructure Limited Karvy Computershare Pvt. Ltd. 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Karvy Selenium Tower B, Plot Nos. 31 & 32, Financial District, Nanakramguda, Lower Parel (W), Mumbai - 400013 Serilingampally Mandal, Hyderabad - 500032 | | | | | | | |