# NATIONAL PENSION SYSTEM (NPS)

Central Recordkeeping Agency (CRA) - Protean eGov Technologies Limited. (formerly NSDL e-Governance Infrastructure Ltd.)

Request For Chan	ige/Co				ase read th										<u>-F II</u>	N/ 1 ·	-PIIV	I/Pr	KAN	Card
For POP-SP/DDO/NL-CC	use:					Fo	r POP/	POP-S	SP/PAC	/DTO	DTA/	PrAC	)/ NL	-AO/	NL-C	O u	se:			
Registration No.					For POP/POP-SP/PAO/DTO/DTA/PrAO/ NL-AO/NL-OO use:  Registration No.:															
Date of Receipt:					te of Re						- _ POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/ NL-OO Stamp:									
Signature and Stamp of P	OP-SP/	/DDO/NI	I -CC			Fn	tered B	v ·						Stairi						
Signature and Stamp of t	01 -01 /	DDO/INL	00				rified B													
Receipt No.: (Mandatory for PC		'C)						,												
Acknowledgement No. (To be filled by Nodal Office as ge			AN / CR/	A system)																
hereby request for the followi	ng detail	ls for the	change	e [Pleas	e tick (✓)	.														
A) Change or Correction	in Sub	scribe	r Mast	er Deta	ails	В	Reis	sue o	f I-PIN	or T-l	PIN (/	Not Ap	olicab	le for I	NPS-L	ite Su	bscrib	er)		
C) Reissue of PRAN Car	d																			
Permanent Retirement Ac	count	Numbe	r*.																	
hereby submit the following corresponding rows.]	details of	f change	. [Pleas	e tick (v	) the box	on left n	nargin o	f appro	priate ro	w whe	re cha	nge/co	orrect	ion is	requi	ired a	nd pro	ovide	the det	ails in t
orresponding rows.j																				
Section A – Change or Co	orrectio	n in Su	ıbscrik	per Ma	ster Deta	ails ( * I	ndicates	s Mano	atory F	eld)										
1. PERSONAL DETAIL	S: (Pleas	se refer to	o Sr. No	.1 of the	instruction	ns)														
Name of Applicant in full		Shri		Sr	nt.	K	umari													
First Name*																				
Middle Name																				
Last Name																				
Subscriber's Maiden Name																				
Father's Full Name:																				
First Name																				
Middle Name																				
Last Name																				
Mother's Full Name:																				
First Name																				
Middle Name																				
Last Name																				
Date of Birth		1 m		1 у																
(Date of Birth should be sup	ported by	/ relevant	t docum	entary p	roof. Noda	l Office s	shall veri	fy the s	ame be	fore up	dating	detail	s in th	ne CR	A syst	tem.)				
Gender [please tick (✓)]		Male		F	emale			Others												
Marital Status [please tic	k (✓)]	Marrie	ed	U	Inmarried			Others												
PAN CARD																				
Spouse Name (Refer Sr. No. 1 of instructions)																				
KYC Number										Gene	rated fr	om Cent	ral KYC	Regist	ry. Subi	mission	of proo	f for the	same is	necessar
Retirement Adviser Code																				
KYC Number, Retirement A	ldviser C	ode and	Spouse	e Name	fields are	not appl	icable fo	or Gov	ernment	& NPS	Lite	Subsc	riber	s						
2. PROOF OF IDENTIT	Y (Pol)	(Any one	of the c	documer	its need to	be provi	ded alor	ng with	the iden	tificatio	n num	nber) [I	Please	refer S	Sr. No.	2 of th	e instru	uctions]		
Passport							F	Passpo	ort Expi	ry Dat	е			/ r		1				
Voter ID Card								PAN C		,										
Driving License									Licens	se Exp	iry Da	ate		d .	/ m		/			
NREGA JOB Card																				
Others	Name	of the ID	)												Pleas	e refer	Sr No	2 of th	ne instru	ctions.
	ivallie c								D	IN	U I	m b		<u> </u>	- Icao			. 2 01 11		

3. PROOF OF ADDRESS (PoA)	Correspondence Address	Permanent Address
[ Please tick (✓), as applicable ]	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
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Registered Lease/Sale agreement of residence/Municipal Tax	Registered Lease/Sale agreement of residence/Municipal Tax
	Receipt #Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid	Receipt #Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid
4.4 CODDESDONDENCE ADDDESS DETAIL	mobile] Bill	mobile] Bill
4.1 CORRESPONDENCE ADDRESS DETAIL		D : 4 10%
Address Type* Residential/Busine		Registered Office Unspecified
Flat/Room/Door/Block no.	Landr	Hair
Premises/Building/Village		
Road/Street/Lane		
Area/Locality/Taluk		
City/Town/District		PIN Code
State/U.T.		
4.2 PERMANENT ADDRESS DETAILS	[Tick (🗸) in the box in case the address is sam	ne as above.] (Please refer Sr. No. 2 of the instructions)
Address Type* Residential/Busine	ess Residential Business	Registered Office Unspecified
Flat/Room/Door/Block no.	Landr	mark
Premises/Building/Village		
Road/Street/Lane		
Area/Locality/Taluk		
City/Town/District		PIN Code
State/U.T.		
S CONTACT DETAILS		
5. CONTACT DETAILS		
Tel. (Off) (with STD code) +	Tel. (Res) (with STD code) +	
Mobile + 9 1	(Mobile Number is requ	ired for communication and to get SMS alerts)
Email ID		
6. OTHER DETAILS (Please refer to Sr no. 3 of the	ne instructions)	
▶ Occupation Details [ please tick(✓) ]		
Private Sector Public Sector	Government Sector Professional	
Self Employed Homemaker	Student Others (Please Specify	
<ul> <li>▶ Income Range (per annum) Upto 1 lac</li> <li>▶ Educational Qualifications Below SSC</li> </ul>		lac to 25 lac 25 lac and above sters Professionals ( CA, CS, CMA, etc.)
► Please Tick If Applicable Politically exp		•
	letails are mandatory except MICR Code. ] ( Please re	
		eler to St no. 4 of the instructions)
You want to change Bank details of:Tier I	Tier II	
(In case you want to change bank details in bot		
Tier I Account : Savings A/c	Current A/c	
Bank A/c Number		
Bank Name		
Branch Name		
Branch Address		PIN Code
Bank MICR Code	IFS Code	
Tier II Account: If same as Tier I, Please	Tick (√) else, provide the details below:	
Savings A/c	Current A/c	
Bank A/c Number		
Bank Name		
Branch Name		
Branch Address		
		PIN Code
		PIN Code COUNTY OF THE PROPERTY OF THE PROPERT

8. SUBSCRIBERS NOMINATION DETAILS (PI	ease refer to Sr. No5 of	the instructions)					
You want to change Nomination details of: Ti		er II					
(In case you want to change nomination details if			check hox)				
Tier I Account:	in boar fiel fa fiel in f	locourt, tion boti	oncor box)				
			500 · • • • • • • • • • • • • • • • • • •				
Name of the Nominee (You can nominate up to a max First Name		f you desire so plea Iiddle Name	se fill in Additional	Nominat	ion Form p	rovided on pagi Last Name	e no. 4 & 5 separately.)
i iist Naille	IV	liquie Name				Last Name	
Relationship with the Nominee		Date of Birt	n (In case of Mi	nor)		I m m	1 y y y y
Nominee's Guardian Details (in case of a minor)							
First Name	N	liddle Name				Last Name	
Tier II Account: If same as Tier I, Please	Γick (√) else, provide	the details belo	ow:				
Name of the Nominee (You can nominate up to a max	imum of 3 nominees and i	f you desire so plea	se fill Additional No	omination	n Form prov	vided on pages	4 & 5 separately)
First Name	N	liddle Name				Last Name	
Relationship with the Nominee		Date of Birt	h (In case of Mi	nor)		1 m m	I y y y y
Nominee's Guardian Details (in case of a minor)							
First Name	N	liddle Name				Last Name	
per the preference given at the time of regions the applicant, do hereby declare that the information & belief.			y knowledge				
Date:	/				Impres	Signature/Thusion* of the S	umb Subscriber
To be filled by POP / POP-SP  (YC Compliance : Yes  (YC document accepted for identify proof :  (YC document accepted for address proof :  Copy of PAN card submitted : Yes  PAN Compliance : Yes	No	]					
	Name :	Sigr	ature of Autho		Signatory		
POP / POP-SP Seal	Designation :		D	ate :	d d /	m m I	
FOF / FOF-SF SEAI							

Annexure - S2

## ADDITIONAL NOMINATION FORM

## INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the Subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the Subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

	e Tick{\sigma\}) Tier I Tier II	account under NPS.								
kindly fill separate Nomination Form)		for both account and in case of different nomination								
of my family to receive the amount in my PRAN acco		ne person(s) mentioned below who is/are member(s)/ f my death.								
1. Name of the Nominee:										
1st Nominee	2nd Nominee	3rd Nominee								
First Name  Middle Name  Last Name	First Name  Middle Name  Last Name	First Name  Middle Name  Last Name								
2. Present Communication address of the nomi	2. Present Communication address of the nominees:									
Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee								
3. Date of Birth* (Only in case of a minor):										
1st Nominee	2nd Nominee d d / m m / y y y y	3rd Nominee								
4. Relationship with the Nominee:										
1st Nominee	2nd Nominee	3rd Nominee								
1st Nominee	2nd Nominee	3rd Nominee								
1st Nominee  5. Percentage Share:	2nd Nominee	3rd Nominee								
	2nd Nominee  2nd Nominee  %	3rd Nominee  3rd Nominee  %								
5. Percentage Share:	2nd Nominee %									
5. Percentage Share:  1st Nominee  %	2nd Nominee %									
5. Percentage Share:  1st Nominee  %  6. Nominee's Guardian Details (Only in case of a	2nd Nominee	3rd Nominee %								
5. Percentage Share:  1st Nominee  6. Nominee's Guardian Details (Only in case of a 1st Nominee's Guardian Details	2nd Nominee	3rd Nominee								
5. Percentage Share:  1st Nominee  6. Nominee's Guardian Details (Only in case of a 1st Nominee's Guardian Details  First Name  Middle Name	2nd Nominee	3rd Nominee								

\*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

er 1.1		Annexure - S
то ве	FILLED/ATTESTED BY POP-SP/DDO/NL-CC	
0 1:5		
Certifie	d that the above declaration and nomination details has been signed a fiter he / she have read the entries / entr	ies have been read over to him / her by me and got confirmed by him / her.
	Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person
1	P/DDO/NL-CC Registration Numbertted by CRA)	Designation of the Authorised Person :
		POP-SP/DDO/NL-CC Office Name :
Date	d d I m m I y y y y	
	FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	
		POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number  (Allotted by CRA):
		(Allotted by CRA).
Rubbe	Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	Signature of the Authorised Person
		j j

Ver 1.1 Annexure - S2

#### INSTRUCTIONS FOR FILLING THE FORM

#### **General Guidelines**

- (a) This form is to be used for the purpose of change/correction in Subscriber master details, reissue of I-Pin /T-Pin, reissue of PRAN card.
- (b) The form is to be submitted at the Nodal Office POP/POP-SP for carrying out the necessary changes.
- (c) Please tick the box on the left margin of appropriate row where change/correction is required and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested.
- (d) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- (e) Details Marked with (\*) are the mandatory fields. Mention 12 digits PRAN correctly.
- (f) All Dates should be in "DD/MM/YYYY" Format.
- (g) Reissue of T-PIN, I-PIN (Not Applicable for NPS-Lite Subscriber) and reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

S. No	Item No.	Item Details	Instructions							
1	1	Spouse Name	If married, spouse name is mandatory.							
			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 address				
			4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.				
			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.				
		Identity,	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				
		Correspondence & Permanent address details	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address				
2	2, 3 & 4		10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government				
			11	Identity card issued by Central/State government and its Departments, Statutory/ 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 or letter of allotment of accomodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companises for their employees.Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.				
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)				
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 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 hin 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 appening form, a separate proof of address should be obtained. All future communications will be sent to correspondence and If correspondence & Permanent address are different, then proof for both have to be submitted.							
3	6	Politically Exposed Person	count		or poli	been entrusted with prominent public functions in a foreign ticians, senior government, judicial or military officials, senior als.				
4	7	Subscriber's Bank Details	conta prepr	In case, subscriber provides bank details, it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.						
5	8	Subscriber's Nomination Details	not be			nominees must be integer. Decimals/Fractional values shall sall the nominees must be equal to 100. If sum of percentage				

### General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application.
- c) For more information, contact CRA:

Website: https://www.npscra.nsdl.co.in

Call: 022-4090 4242

Address: Central Recordkeeping Agency (CRA)

Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Limited)

1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,

Lower Parel (W), Mumbai - 400013