Form A1

UNIFIED PENSIO																													tor	
Exercise of Option to be covered under Unified Pension Scheme (UPS) and to avail its Benefits Name of CRA																														
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Print my PRAN in Hindi			Yes			No		If:	yes,	, p	lease	e s	subi	mit	det	ails	as	s pe	er A	nn	ext	ure	e I			photograph of 3.5 cm x 2.5 cm				
Select your category [Ple	ease tick ($$)] Central Government										size / passport																		
To, National Pension Systo Dear Sir/Madam,	tem Trust												(Do not sign across / staple / clip)																	
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instructions page.)	•																				,		Ū							
1. PERSONAL DETAILS: (Refer Sr. No. 1 of the instructions) Use Annexure II if name																														
exceeds the space pro	vide	ed t	pelo	_																										
Salutation*				S	hri			Sn	nt							Ku	ım	ari												
Applicant Name*																														
Father's Name																														
Mother's Name																														
Orphan Status*			Y	es											No															
Either Father's or Mo	the	r's i	nam	e is	ma	nda	itoi	y*		S	Selec	t t	he	nar	ne t	o ap	ope	ear				Fa	athe	r's	,			Mo	ther	's
on PRAN Card*																	_					N	ame	;				Nar	ne	
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Applicant Gender*		Ma	ale		Fe	mal	e		Tra Sta		sgen	de		144		_ •		rita	1			Į	Jnn	nar	rie	ed		Ma	arrie	ed
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Proof of possession of Aadhaar	•						Pr				t Fou																			ar
3. ADDRESS DETA	ILS	' *			1				man	110	01 01		Juo	1111	ica	COL	<i>y</i>	(11	CIC.			10.		,1 (iiic	1110	,,,,	ctio	11)	
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4. CONTACT DETA	IL	3"																												
Mobile*											Tele	ep	hor	ne v	vith	ST	D	coc	le											
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5. BANK DETAILS* (Proof to be submitted - Refer Sr. No. 3 of the instructions)																									
Account Type											t A/o	С													
Bank A/c Number																									
Bank Name													IFS	S Co	ode										
I hereby declare that, th	I hereby declare that, the bank account detail provided are salary bank account.																								
6. SELECTION OF P instructions)	6. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr no. 4 of the instructions)																								
Please Tick ($\sqrt{\ }$) one Default Pattern (pension funds and investment Pattern as determined by the Authority)																									
I would like to choose my Pension Fund and investment choice (Please select below										belo	w)														
Pension Fund (Please Tick ($$) one) Investment Choice (Please Tick ($$) or)													
Aditya Birla Sunli	ife F	Pens	sion					n	Fund	Mg	gmt														
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Managers Pvt Ltd	u					gmt		SIC)II FuI	IU			Active Choice (i.e. 100% in Govt Securities)												
ICICI Prudential F	Pens	sion	ı			Kotak Mahindra Pension								, , , , , , , , , , , , , , , , , , ,											
Funds Mgmt Co L	td					ınd I													(r					
LIC Pension Fund Limited								en	sion l	- Tun	d								(Conservative					
SRI Pension Fund	SBI Pension Funds Private					gmt		n	Mana	zeme	nt -		A	uto	Cho	oic	Э	F		(LC25) Moderate					
Limited	Priva							/11	TVIUITU											C50)					
UTI Pension Fund Limited																									
If no Pattern is chosen, the contributions will be invested as per default Pattern																									
7. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 5 of the																									
instruction):																									
I am a tax resident of In- other country	dia	and	l not	resic	lent o	f any	•	I am a tax resident of the country/ies mentioned below																	
US Person								Yes						No											
Particulars									Cour	ntry	(1)		Country (2)							Country (3)					
Country Resider	•	ount	tries	of T	ax																				
			,	Addr	ess L	ine 1																			
Address in the jurisdiction for Tax				City/ Villa	Town	/																			
Residence			-	State									+						+						
			- +		Post C	ode																			
Tax Identification Num equivalent Number	ber	(TI																							
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Validity of documentar (Wherever applicable)	y ev	vide	ence	prov	ided				ddmı	nyy	ууу		ddmmyyyy							ddmmyyyy					
I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same. Signature / Thumb Impression* of Applicant (refer instructions)																									

I have read and understood the terms and conditions of the Unified Pension Scheme (UPS). The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. I understand that I shall be fully liable for submission of any false or incorrect information or documents.																
I authorize the CRA, NPS Trust or any other entity connected with UPS t collect and share data/ details of my necessary personal information for th purpose of the said scheme regulated under the PFRDA Act, 2013 and th relevant regulations notified thereunder.																
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 Signature/Thumb Impression* of Applicant (*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)												I in Toe				
9. DECLARATION BY N	ODA	L (<u> </u>			Mark field	s are	Man	dato	ry)						
Employment Details (A	t the t	ime	of exercis	se o	f UF	S option)										
Date of joining*				Da	te o	f Superann	uatio	n*								
Date of commencement o Employee Code/ID*	f qual	lifyi	ng service	*												
Post (Optional)																
Group (Optional)	A	B (0	Gazetted)			(non- azetted)	С			D		Е		oth	er	
Service(Optional)	IAS		IPS			IFS		Gı	oup.	A		Grou	рВ		other	r
Basic Pay*																
Pay Scale (Optional)																
Name of the office*																
Department*																
Ministry*																
DDO Registration Number*	PAU/CDDU/PTAU															
*Qualifying Service as (Operationalisation of			_					_				RDA				

and the details provided in this subscriber registration form have been verified as per service record. The given address and officially valid documents (OVDs) of KYC are verified by this office. Also, it is

further certified that he/she has read entries/entries have been read over him/her by us and got

It is certified that Shri./Smt./Kumari... is employed in this office

confirmed by him/her.

Name of DDO			Name of PAO							
Signature of DDO			Signature of PAO							
DDO Code No. (As per record in CRA System)			PAO Code No. (As per record in CRA System)							
Seal of DDO			Seal of PAO							
Date			Date							
Place			Place							
ACKNOWLEDGEMENT										
Name of the Subscriber										
Date of Receipt of Application:										

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by the Nodal Office are liable to be rejected.
- (b) Copies of documents submitted by the applicant should be self-attested.

(c) Applicant is advised to retain the acknowledgement slip signed / stamped by the designated nodal officer where they submit the application.

SI	Item No	Item Details	Instructions
		Fathers Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.
1	1	Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as 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
2	2	Proof of Identity	If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.
3	5	Bank Details	For UPS account opening through physical form (FORM A1) bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code.
4	6	Selection of Pension Fund (PF) & Investment Choice	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. If no choice is provided, the contributions will be distributed among the default Pension Funds and investment pattern selected by the Government.
		Choice	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. • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high
5	7& 8		issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number).
5	7 00	FATCA & CRS	• 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

		_								
	Declaration /	provided.								
	Signature by Applicant	• In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form.								
		• In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp.								
		General Information for Subscribers								
		tain the status of his/her application from CRA and respective Nodal Office.								
		d to retain the acknowledgement slip signed/ stamped by the designated								
		e where they submit the application. / clarifications, contact CRA:								
	niore information / osite:	Charmeations, contact CKA.								
Call										
Add	ress of CRA.									
Annexures - Subscriber Registration Form for Government Sector applicants (Tick and fill applicable										
		annexures below)								
Annexu	Annexure I - Print PRAN Card in Hindi (Fill the details in Devanagari script)									
Applicant's l										
Middle Name	;									
Last Name										
Father / Mot Name										
Middle Name	e									
Last Name										
		ets of name exceeded the space provided on page 1 of the application form								
Applicant's l										
Middle Name	;									
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Father's Firs										
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Last Name Mother's Fir	and Norman									
Middle Name										
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