

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM - Private Sector**Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)**How did you hear about NPS ☐ Friend / family ☐ Social media ☐ News paper / magazines ☐ TV / Radio ☐ Financial advisor / apps ☒ EmployerPRAN Card & Kit*
(refer sl no. 1 of instructions)

i. PRAN Card (please tick(√))

☐ ePRAN Card☒ Physical PRAN Card

ii. Account Opening Kit (please tick (√))

☐ Through Email☒ Physical Kit (Courier / post)

Print my PRAN in Hindi

☐ Yes☒ No

If yes, please submit details as per Annexure I

Please select your category*

☒ Corporate☐ All Citizen

Paste recent passport size photograph (3.5 cm × 2.5 cm size)
Do not sign across
Do not staple / clip

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 (Refer general guidelines at instructions page.)

CKYC Identifier

RA Code

1. PERSONAL DETAILS: (Refer Sr. No. 1 of the instructions)

Use Annexure II if name exceeds the space provided below

Salutation*

☐ Shri☐ Smt.☐ Kumari

Applicant Name*

F i r s t M i d d l e L a s t

Father's Name

F i r s t M i d d l e L a s t

Mother's Name

F i r s t M i d d l e L a s t

Either Father's or Mother's name is mandatory*

Select the name to appear on PRAN Card

☐ Father's name☐ Mother's Name

Date of Birth*

d d m m y y y y

Place of Birth*

Country of Birth*

I N D I A

Gender*

☐ Male☐ Female☐ Transgender

Nationality*

I N D I A N

Marital Status*

☐ Unmarried☐ Married☐ Widow/Widower☐ Divorcee

Spouse Name* (if married)

F i r s t M i d d l e L a s t

PAN*

or

Form 60 furnished ☐

Submission of PAN or Form 60 is mandatory

Annual Income Range*

☐ Below 1 lac☐ 1 lac to 5 lac☐ 5 lac to 10 lac☐ 10 lac to 25 lac☐ 25 lac to 1 Cr☐ Above 1 Cr

Occupation Details*

☒ Public Sector☐ Private Sector☐ Professional☐ Self Employed☐ Homemaker☐ Others.....

Please Tick if Applicable

☐ Politically exposed person☐ Related to Politically exposed person

(Please refer instruction no. 1)

2. PROOF OF IDENTITY AND ADDRESS* (Refer Sr. No. 2 of the instructions)

Passport

Passport Expiry Date

d d m m y y y y

Driving License

Driving License Expiry Date

d d m m y y y y

Voter ID Card

Proof of possession of Aadhaar

Provide last four digits

NREGA Job Card

☐ PoP Certificate

National Population Register

(refer section 12)

3. CURRENT ADDRESS DETAILS* (Proof to be submitted)

Line 1

Line 2

V i l l a g e / C i t y

District

State/U.T.

Country

PIN Code

4. CONTACT DETAILS*

Mobile*

9 1

Telephone with STD code

Email ID*

5. BANK DETAILS* (Proof to be submitted - Refer Sr. No. 3 of the instructions)

Account Type

☒ Saving A/c☐ Current A/c

Bank A/c Number

Bank Name

U T T A R P R A D E S H G R A M I N B A N K F S Code B A R B O B U P G B X

6. NOMINATION DETAILS* (Refer Sr. No. 4 of the instructions)

A. The nomination shall be in favor of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III

B. A fresh nomination shall be made by the subscriber on his/her marriage.

C. Before filling-up the details, please refer Nomination relationship matrix provided on instructions page.

Nominee Name

F i r s t M i d d l e L a s t

Relationship

Age

Date of Birth (In case of Minor)

d d / m m / y y y y

Name of Guardian

F i r s t M i d d l e L a s t

(if nominee is a minor)

1. The maximum permitted Equity Investment is 75% of the total asset allocation.
2. All Citizen : Selection of one PF is mandatory else form will be rejected. If no investment choice is selected, funds will be invested in Auto Choice (LC 50).
3. Corporate Model : The PF / Investment Choice may be exercised in consultation with your Employer.

Pension Fund* (Please Tick (√) one)		Investment Choice (Please Tick (√) one)				
<input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd	<input type="checkbox"/> Axis Pension Fund Management Limited	<input type="checkbox"/> Balanced Life Cycle Fund (BLC)				
<input type="checkbox"/> DSP Pension Fund Managers Private Ltd	<input type="checkbox"/> HDFC Pension Mgmt Co Ltd	OR				
<input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd	<input type="checkbox"/> Kotak Mahindra Pension Fund Ltd	<input type="checkbox"/> Active Choice mention the % share in applicable asset class below				
<input type="checkbox"/> LIC Pension Fund Limited	<input type="checkbox"/> Max Life Pension Fund Mgmt Ltd	E (upto 75%)	C (Upto 100%)	G (Upto 100%)	A (Upto 5%)	Total
<input type="checkbox"/> SBI Pension Funds Private Limited	<input type="checkbox"/> TATA Pension Management Private Limited	% Equity	% Corp Bonds	% Govt. Sec.	% Alt. Assets	100%
<input type="checkbox"/> UTI Retirement Solutions Limited		OR				
		<input checked="" type="checkbox"/> Auto Choice Select one life cycle fund below				
		Conservative (LC25) <input type="checkbox"/>	Moderate (LC50) <input type="checkbox"/>	<input checked="" type="checkbox"/> Aggressive (LC75)	<input type="checkbox"/>	

Providing PAN is mandatory

<input type="checkbox"/>	With the same bank, nominee & investment details	<input type="checkbox"/>	With different bank/nominee/investment details as per Annexure IV
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☒ I am a tax resident of India and not resident of any other country ☐ I am a tax resident of the country/ies mentioned below

US Person Yes ☐ No. ☒

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)		ddmmyyyy	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 condition sof the National Pension System. 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 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 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:	d	d	m	m	y	y	y	y	Place:	LUCKNOW
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(*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

Date of Retirement	d	d	m	m	y	y	y	y												
Employee Code/ID																				
CHO Registration Number	5	5	6	6	0	1	3													
It is certified that _____ is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. It is further certified that he/she has read entries/entries have been read over to him/herby her by us and got confirmed by him/her.																				

Name of the Authorised Person		<div>Signature of Authorised person</div> <div>Rubber stamp of the Employer</div>
Designation of the Authorised Person		
Date	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>	
Place	LUCKNOW	

Receipt No. (17 digits)																			
POP Registration Number							POP-SP Registration Number												
Documents Received:																			

Existing Customer: I/ we hereby certify/confirm that Shri/Smt/Kum.....is an existing KYC verified customer. The above applicant is having an operative Bank/Demat/Folio/.....account (specify nature of the account) having account number/client ID.....maintained atbranch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I/We further confirm that the Savings Bank a/c of Sh/Smt/Kum.....is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

Name of the Authorised Person									<div style="border: 1px solid black; padding: 10px; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;"> Signature of Authorised person </div>	<div style="border: 1px solid black; padding: 10px; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;"> Rubber stamp of the Pop </div>
Designation of the Authorised Person										
Date	d	d	m	m	y	y	y	y		
Place										

Name of the Subscriber											<div style="border: 1px solid black; height: 100px; width: 100%; display: flex; align-items: center; justify-content: center;"> Stamp and Signature of PoP </div>
Application Receipt Date:	d	d	m	m	y	y	y	y			
Initial contribution amount											
Mode of payment	<input type="checkbox"/>	Check/ DD	<input type="checkbox"/>	Debit Instruction	<input type="checkbox"/>	Cash					

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 PoP/PoP-SP 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 PoP/PoP-SP office.

SI	Item No	Item Details	Instructions												
1	1	Option for PRAN Card and kit	<p>In case a subscriber opts not to have a physical PRAN Card or Welcome Kit, reduced account opening charges of CRA are applicable as under :</p> <table border="1"> <thead> <tr> <th colspan="2">Account opening with Physical PRAN card in (Rs.)</th> <th colspan="2">Account opening with ePRAN card (in Rs.)</th> </tr> <tr> <th colspan="2"></th> <th>Welcome kit in hardcopy</th> <th>eWelcome kit (Email)</th> </tr> </thead> <tbody> <tr> <td colspan="2">₹ 40.00</td> <td>₹ 35.00</td> <td>₹ 18.00</td> </tr> </tbody> </table> <p>In case, subscriber has not selected any option (for PRAN card & kit) and Email ID is provided, ePRAN & eWelcome kit will be sent. If Email ID is not provided, physical PRAN kit will be sent.</p>	Account opening with Physical PRAN card in (Rs.)		Account opening with ePRAN card (in Rs.)				Welcome kit in hardcopy	eWelcome kit (Email)	₹ 40.00		₹ 35.00	₹ 18.00
Account opening with Physical PRAN card in (Rs.)		Account opening with ePRAN card (in Rs.)													
		Welcome kit in hardcopy	eWelcome kit (Email)												
₹ 40.00		₹ 35.00	₹ 18.00												
		Fathers Name, Mother's Name	<p>(a) If the name has more than 30 digits, fill Annexure II for the same.</p> <p>(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.</p>												
		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 and Address	If the applicant is submitting Aadhaar as proof of Identity and Address, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.												
3	3	Current Address	Providing current address is mandatory. The submitted address proof should contain the current address as provided in the form.												
4	5	Bank Details	For Tier I & Tier II account, 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.												
5	6	Nomination Details	<p>(a) If a subscriber has family at the time of making a nomination, the nomination shall be in favor of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favour of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family.</p> <p>(b) Please refer Nomination relationship matrix provided below.</p> <table border="1"> <thead> <tr> <th>Unmarried Subscriber</th> <th>Married / Widow / Widower / Divorcee Subscriber</th> </tr> </thead> <tbody> <tr> <td>1. Mother, 2. Father, 3. Please specify the relationship</td> <td>1. Spouse (Only for Married), 2. Son, 3. Daughter, 4. Mother, 5. Father, 6. Mother in Law (Only for Female and Transgender), 7. Father in Law (Only for Female and Transgender), 8. Daughter in Law, 9. Grandson, 10. Granddaughter</td> </tr> </tbody> </table> <p>(c) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100.</p>	Unmarried Subscriber	Married / Widow / Widower / Divorcee Subscriber	1. Mother, 2. Father, 3. Please specify the relationship	1. Spouse (Only for Married), 2. Son, 3. Daughter, 4. Mother, 5. Father, 6. Mother in Law (Only for Female and Transgender), 7. Father in Law (Only for Female and Transgender), 8. Daughter in Law, 9. Grandson, 10. Granddaughter								
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6	7	Selection of Pension Fund (PF) & Investment Choice	<p>(1) Corporate applicants may exercise these choices if the option is extended to them by the employer or else may be ignored.</p> <p>(2a) Balanced Life Cycle Fund : Equity, Corporate Debt and G-Sec allocation is 50:30:20 until age 45 and allocation to Equity and Corporate Debt automatically reduces from 45 years to 55 years of age.</p> <p>(2b) Active Choice - Subscriber can actively decide his / her allocation into Equity / Corporate Debt / G-Sec / Alternate assets.</p> <p>(2c) Auto Choice - Equity allocation is 75% / 50% / 25% under Conservative / Moderate / Aggressive choice opted by the subscriber and allocation to equity and corporate debt automatically reduces from age 35 years to 55 years.</p>												
7	9	FATCA & CRS Declaration	<p>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India:</p> <ul style="list-style-type: none"> 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 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). 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. 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. 												
8	8	Tier-II activation	Asset Class A is not available under Tier-II. In case Subscriber has selected to activate Tier-II Account with Same Bank, Nominee and Investment details that of Tier-I where as he/she has chosen allocation in Asset Class A for Tier-I account, the applicant would be required to submit the Annexure IV for Tier-II mentioning the asset allocations.												
9	9 & 10	Declaration / Signature by Applicant	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 authorised official of PoP attesting the same under his/her official seal and stamp.												

Applicable CRA Charges (Excluding taxes)	Protean CRA
Account Opening Charges	Please refer sr. no. 1 above
Account Maintenance Charges (p.a.)	₹ 69
Charge per transaction	₹ 3.75

For more details on CRA charges, please refer

NPS Trust website (www.npsrtrust.org.in)

Nomination Relationship Matrix (Please mention relationship as per details given below)			
Marital Status	Male	Female	Transgender
Unmarried	1. Mother 2. Father 3. Please specify the relationship if any other person	1. Mother 2. Father 3. Please specify the relationship if any other person	1. Mother 2. Father 3. Please specify the relationship if any other person
Married	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter
Widow/ Widower	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter
Divorcee	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and respective Point of Presence (PoP).
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by PoP/PoP-SP where they submit the application.
- c) For more information / clarifications, 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

Annexures - Subscriber Registration Form for Private Sector applicants (Tick and fill applicable annexures below)

☐ Annexure I - हिंदी में प्रिंट करने हेतु

आवेदक का नाम

मध्यनाम

उपनाम

पिता / माता का नाम

मध्यनाम

उपनाम

☐ Annexure II - If characters of name exceeded the space provided on page 1 of the application form

Applicant's First Name

Middle Name

Last Name

Father's First Name

Middle Name

Last Name

Mother's First Name

Middle Name

Last Name

☐ Annexure III - Additional Nomination

☐ For Tier - I

☐ For Tier - II

☐ For both Tier - I & Tier - II

Percentage Share

Nominee I

Nominee II

Nominee III

Total should be equal to 100%

Nominee I

Nominee I - Name

Relationship

Age

Date of Birth (in case of Minor)

Name of Guardian (if nominee is a minor)

Nominee II

Nominee II - Name

Relationship

Age

Date of Birth (in case of Minor)

Name of Guardian (if nominee is a minor)

Nominee III

Nominee III - Name

Relationship

Age

Date of Birth (in case of Minor)

Name of Guardian (if nominee is a minor)

☐ Annexure IV - Activate Tier-II (with Different Bank/Nomination/Investment Details - tick and fill as applicable)

PAN*

copy of PAN to be attached

☐ No change in Bank details

☐ Bank details for Tier-II are as under:

Account Type

Saving A/c

Current A/c

Bank A/c Number

Bank Name

IFC Code

☐ No change in Nominee details

☐ Nominee details for Tier-II are as under:

Nominee - Name

Relationship

Age

Date of Birth (in case of Minor)

Name of Guardian (if nominee is a minor)

☐ No change in Investments details

☐ Investments details for Tier-II are as under:

Pension Fund* (Please Tick (√) one)

☐ Aditya Birla Sunlife Pension Mgmt Ltd

☐ DSP Pension Fund Managers Private Ltd

☐ ICICI Prudential Pension Funds Mgmt Co Ltd

☐ LIC Pension Fund Limited

☐ SBI Pension Funds Private Limited

☐ UTI Retirement Solutions Limited

☐ Axis Pension Fund Management Limited

☐ HDFC Pension Mgmt Co Ltd

☐ Kotak Mahindra Pension Fund Ltd

☐ Max Life Pension Fund Mgmt Ltd

☐ TATA Pension Management Private Limited

Investment Choice (Please Tick (√) one)

☐ Balanced Life Cycle Fund (BLC)

OR

☐ Active Choice

mention the % share in applicable asset class below

E (upto 100%)

C (Upto 100%)

G (Upto 100%)

A (Upto 5%)

Total

% Equity

% Corp Bonds

% Govt. Sec.

% Alt. Assets

100%

OR

☐ Auto Choice

Select one life cycle fund below

Conservative (LC25)

Moderate (LC50)

Aggressive (LC75)

Name of the Applicant

Place

Date

Signature / Thumb Impression* of Applicant (refer instructions)

4 of 4

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 (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only

Application Type*

☒ New☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type*

☒ Normal☐ Simplified (for low risk customers)☐ Small☐ 1. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>		
Gender*	<input type="checkbox"/> M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> T-Transgender		
Marital Status*	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		
Citizenship*	<input checked="" type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)		
Residential Status*	<input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input checked="" type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input checked="" type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorised		

PHOTO

 Signature / Thumb Impression

☐ 2. TICK IF APPLICABLE ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth*

ISO 3166 Country Code of Birth*

☐ 3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input checked="" type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

4. PROOF OF ADDRESS (PoA)*

☐ 4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type*	<input type="checkbox"/> Residential / Business	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Registered Office	<input type="checkbox"/> Unspecified
Proof of Address*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving Licence	<input checked="" type="checkbox"/> UID (Aadhaar)	<input type="checkbox"/> Others	<input type="text"/>
	<input type="checkbox"/> Voter Identity Card	<input type="checkbox"/> NREGA Job Card			
	<input type="checkbox"/> Simplified Measures Account - Document Type code				

Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ 4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS * (Please see instruction E at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1')

Line 1*																											
Line 2																											
Line 3																											
District*											Pin / Post Code*						State / U.T Code*			ISO 3166 Country Code*	I N						

☐ 4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details

☐ Same as Correspondence / Local Address details

Line 1*																											
Line 2																											
Line 3																											
State*											ZIP / Post Code*						ISO 3166 Country Code*										

☐ 5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Tel. (Off)											Tel. (Res)											Mobile																
FAX											Email ID																											

☐ 6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

☐ Addition of Related Person

☐ Deletion of Related Person

KYC Number of Related Person (if available*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor		<input type="checkbox"/> Assignee		<input type="checkbox"/> Authorized Representative																										
Name*	Prefix	First Name										Middle Name										Last Name									

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY [PoI] OF RELATED PERSON* (Please see instruction (H) at the end)

<input type="checkbox"/> A- Passport Number											Passport Expiry Date	DD - MM - YYYY									
<input type="checkbox"/> B- Voter ID Card																					
<input checked="" type="checkbox"/> C- PAN Card																					
<input type="checkbox"/> D- Driving Licence											Driving Licence Expiry Date	DD - MM - YYYY									
<input checked="" type="checkbox"/> E- UID (Aadhaar)																					
<input type="checkbox"/> F- NREGA Job Card																					
<input type="checkbox"/> Z- Others (any document notified by the central government)											Identification Number										
<input type="checkbox"/> S- Simplified Measures Account - Document Type code											Identification Number										

☐ 7. REMARKS (If any)

8. APPLICANT DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD - MM - YYYY

Place : L U C K N O W

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☒ Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date	DD - MM - YYYY									
Emp. Name	A B H I L A S H G A U R									
Emp. Code	1 1 5 5 1									
Emp. Designation	A S S T T . M A N A G E R									
Emp. Branch	H E A D O F F I C E									

[Employee Signature]

INSTITUTION DETAILS

Name	U T T A R P R A D E S H G R A M I N B A N K																										
Code	6 5 6 7 3 0 4																										

[Institution Stamp]

General Instructions:

- 1 Fields marked with '*' are mandatory fields.
- 2 Tick '✓' wherever applicable.
- 3 Self-Certification of documents is mandatory.
- 4 Please fill the form in English and in BLOCK Letters.
- 5 Please fill all dates in DD-MM-YYYY format.
- 6 Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- 7 KYC number of applicant is mandatory for updation of KYC details.
- 8 For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.
- 9 In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

A Clarification / Guidelines on filling 'Personal Details' section

- 1 **Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Either **father's name or spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- 1 **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 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)

C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- 1 If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- 2 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- 3 In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- 1 PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3 In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and undernoted relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- 1 To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2 In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

F Clarification / Guidelines on filling 'Contact details' section

- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.

G Clarification / Guidelines on filling 'Related Person details' section

- 1 Provide KYC number of related person if available.

H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

- 1 Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		