

Instructions for filling up the CS-S1 Form

Annexure CS-S1
Page 1

APPLICATION FORM FOR SUBSCRIBER REGISTRATION
 (* Indicates Mandatory Field)
 (To avoid mistake(s), please follow the accompanying instructions before filling up the form)

Acknowledgement Number (by CRA-FC) <input style="width: 100%;" type="text"/>	To affix recent Coloured photograph (3.5 cm x 2.5 cm)
Permanent Retirement Account Number : (To be filled by CRA-FC after PRAN generation) <input style="width: 100%;" type="text"/>	Signature/Thumb Impression* of Subscriber in black ink

Note: This form is to be used by a subscriber working for a Organization registered under Corporate model of NPS for the opening up of a Tier I account

Sir/Madam,
I hereby request that a NPS account be opened in my name and Permanent Retirement Account number (PRAN) be allotted as per particulars given below:

Section A – Subscriber’s Personal Details

1. Full Name (Full expanded name: Initials are not permitted)
 Please Tick as applicable Shri Smt. Kumari
 First Name *
 Middle Name
 Last Name

I would like my PRAN card to be printed in HINDI: Yes No (If Yes, please provide the details in the annexure CS-S1 on Page No6)

2. Gender * Male Female

3. Date of Birth * 4. PAN *
 D D M M Y Y Y Y (for PAN, please refer to Sr. No. 3 of the instructions)

5. Father’s Full Name:
 First Name *
 Middle Name
 Last Name

6. Present Address* (Fields marked with* are mandatory):
 Flat/Unit No. Block no. *
 Name of Premise/Building/Village
 Area/Locality/Taluka
 District/Town/City *
 State / Union Territory*
 Country *
 Pin Code *

7. Permanent Address*: If same as above, Please Tick else, {Fields marked with* are mandatory}:
 Flat/Unit No. Block no.*
 Name of Premise/Building/Village
 Area/Locality/Taluka
 District/Town/City *

Colour Photograph should be pasted within the box, do not sign across the photograph.

To be left blank

Signature should be done within the box

Fill in your personal details

Date of Birth and PAN should match with the proof given

Attach Address Proof for the details mentioned here. All future communications will be sent here.

This can be same as present address.

State / Union Territory *

[Grid for State / Union Territory]

Country *

[Grid for Country]

Pin Code*

[Grid for Pin Code]

8. Phone No.

[Grid for Phone No.]

STD Code

Phone No.

9. Mobile No.

[Grid for Mobile No.]

10. Email ID

[Grid for Email ID]

11. Do you want to subscribe to SMS Alerts

Yes

No

12. Subscriber's Bank Details*: (MANDATORY - please refer to Sr. No. 6 of the instructions)

Savings A/c

Current A/c

Bank A/c Number*

[Grid for Bank A/c Number]

Bank Name*

[Grid for Bank Name]

Bank Branch*

[Grid for Bank Branch]

Bank Address*

[Grid for Bank Address]

Pin Code*

[Grid for Pin Code]

Bank MICR Code *

[Grid for Bank MICR Code]

SMS and Email alerts for PRAN Generation and Contribution will be sent, if subscribed as per the details given here. There is no additional charge for this facility

Do not keep space in middle of email id

Salary A/c details can be provided. All the details needs to be provided. Cancelled cheque to be attached.

Section B - Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory)

1. Date of Joining*

[Grid for Date of Joining]

D D M M Y Y Y Y

2. Employee ID* :

[Grid for Employee ID]

3. Corporate Registration Number (allotted by CRA)*:

[Grid for Corporate Registration Number]

Certified that the above declaration has been signed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment details is as per employee records available with the Corporate.

[Signature box]

[Rubber Stamp box]

CBO Registration number (Issued by CRA) needs to be provided.

Corporate needs to certify this part

Signature of the Authorized Person

Rubber Stamp of the Corporate

Section C - Subscriber's Nomination Details (OPTIONAL - please refer to Sr. No 7 & 8 of the instructions)

1. Name of the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
First Name*	First Name*	First Name*
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

There can be atmost three nominees.

Please mention Date of Birth if Nominee is minor

2. Date of Birth (In case of a minor):

1st Nominee	2nd Nominee	3rd Nominee

Subscribers relation with the Nominee.

3. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee

Percentage share should not to be in decimals and should sum up to 100%

4. Percentage Share:

1st Nominee	2nd Nominee	3rd Nominee

5. Nominee's Guardian Details (in case of a minor Nominee):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name*	First Name*	First Name*
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

Nominee Guardian Details (in case of a minor Nominee)

Note: Nominee details will be captured in the System only if complete details are provided.

**Section D - Subscriber Scheme Preference (Please refer the instructions of Section D on Page No. 5 for further details):
(Applicable, only if your corporate has given option to the subscriber to select the scheme details.
Kindly Contact your Employer for further details)**

(i). PFM Selection for Active and Auto Choice*

PFM Name (in alphabetical order)	Please tick only one (Select only one PFM)
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
IDFC Pension Fund Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
Reliance Capital Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>

Please check with your employer whether Section D needs to be filled up.

(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).

(ii). Investment Option

Active Choice Auto Choice

(For details on Auto Choice, please refer to the PFRDA website www.pfrda.org.in)

Note:-

1. In case you do not indicate any investment option, your funds will be invested in Auto Choice
2. In case you have opted for Auto Choice, DO NOT fill up section (iii) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment made as per Auto Choice.

(iii)4. Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 50%)	C	G	Total
% share				100%

Note:-

1. The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

Section E – Declaration & Authorization

I understand that there would be PFRDA approved *Terms and Conditions* for subscribers on the CRA website *governing I-pin (to access CRA and view details) & T-pin*. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

Declaration under the Prevention of Money Laundering Act, 2002 I hereby declare that:

1. The contribution paid has been derived from legally declared and assessed sources of income.
2. I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust has the right to close the NPS account in case I am found guilty of violating the provisions of any Law, directly or indirectly, by any Competent Court of Law, having relation to the laws governing prevention of money laundering in the country.

Subscriber to sign the declaration

I _____, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)	
	Signature/Thumb Impression* of Subscriber

To be Filled by POP

A. POP Registration No.

B. Submitted Cancelled Cheque: Yes No

POP Seal	<input style="width: 100%; height: 100%;" type="text"/>
	Signature of Authorised Signatory
	Name : _____ Place : _____ Designation : _____ Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Department : _____
	Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y

POP to put its seal and authorise.