



☐
**8. SUBSCRIBERS NOMINATION DETAILS** (Please refer to Sr. No . 5 of the instructions)

I want to change Nomination details of : Tier I ☐ Tier II ☐

(In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)

**Tier I Account :**

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Additional Nomination Form provided on page no. 5 & 6 separately).

| First Name |  |  |  |  |  |  |  |  |  | Middle Name |  |  |  |  |  |  |  |  |  | Last Name |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|
|            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |

Relationship with the Nominee  Age  Date of Birth (In case of Minor)

## Nominee's Guardian Details (in case of a minor)

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|            |             |           |

**Tier II Account : If same as above for Tier I Yes ☐ else,**

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on pages 5 &amp; 6 separately)

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|            |             |           |

Relationship with the Nominee  Age  Date of Birth (In case of Minor) 

## Nominee's Guardian Details (in case of a minor)

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|            |             |           |

☐ **9. DECLARATION ON FATCA (Foreign Account Tax Compliance Act) COMPLIANCE** (Please refer to Sr no. 6 of the instructions):**Section A\***☐ I am a tax resident of India and not resident of any other country ☐ I am a tax resident of the country/ies mentioned belowUS Person\* Yes ☐ No ☐**Section B\***

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

| 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) | dd/mm/yyyy        | dd/mm/yyyy  | dd/mm/yyyy  |

"I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI)/RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date Place : Name of subscriber Signature/Thumb Impression\* of Subscriber in black ink  
(\* LTI in case of male and RTI in case of female)☐ **Section C – Request for Reissue of PRAN card.**

Reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

I,  the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.Date : Signature/Thumb  
Impression\* of the Subscriber

☐ **Section D – Employment Details**
**1. GOVERNMENT SECTOR (Subscribers Employment Details to be filled and attested by the Dept.)**

|  |                                  |  |   |
|--|----------------------------------|--|---|
| Date of Joining                        | <input type="text"/>             | Date of Retirement   | <input type="text"/>  |
| Employee Code/ID (If applicable)       | <input type="text"/>             | Employee Code/ID and PPAN are optional. If you intend to provide, mention any one. |   |
| PPAN (If applicable)                   | <input type="text"/>             |  |   |
| Group of Employee (Tick as applicable) | Group A <input type="checkbox"/> | Group B <input type="checkbox"/>   | Group C <input type="checkbox"/> Group D <input type="checkbox"/> |
| Office                                 | <input type="text"/>             |  |   |
| Department                             | <input type="text"/>             |  |   |
| Ministry                               | <input type="text"/>             |  |   |
| Basic Pay                              | <input type="text"/>             |  |   |
| Pay Scale                              | <input type="text"/>             |  |   |

It is certified that the employment details provided above by \_\_\_\_\_ employed with us, are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

|  |   |  |  |
|--|---|--|--|
| Signature of the Authorised person<br>(In the box above) | Rubber Stamp of the DDO<br>(In the box above) | Signature of the Authorised person<br>(In the box above) | Rubber Stamp of the DTO/PAO/<br>CDDO/DTA/PrAO (In the box above) |
| Designation of the Authorised Person                     | <input type="text"/>                          | Designation of the Authorised Person                     | <input type="text"/>   |
| DDO Registration Number                                  | <input type="text"/>                          | DTO/PAO/CDDO/DTA/PrAO Registration Number                | <input type="text"/>   |
| Name of the DDO  | <input type="text"/>                          | Name of DTO/PAO/CDDO/DTA/PrAO                            | <input type="text"/>   |
| Dept/Ministry  | <input type="text"/>                          | Date   | <input type="text"/>   |

☐ **10. CORPORATE SECTOR (Subscribers Employment Details to be filled and attested by Corporate)**

|  |                      |                    |                      |
|--|----------------------|--------------------|----------------------|
| Date of Joining                                  | <input type="text"/> | Date of Retirement | <input type="text"/> |
| Employee Code/ID                                 | <input type="text"/> |                    |                      |
| Corporate Regd. Number (CHO No.) Allotted by CRA | <input type="text"/> |                    |                      |
| CBO No. allotted by CRA                          | <input type="text"/> |                    |                      |

It is certified that the employment details provided above by \_\_\_\_\_ employed with us, are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

|   |                      |  |                      |
|---|----------------------|--|----------------------|
| Date  | <input type="text"/> | Place  | <input type="text"/> |
| Signature of the Authorised person (In the box above) |                      | Rubber Stamp of the Corporate (In the box above) |                      |
| Designation of the Authorised Person                  |                      | <input type="text"/>                             |                      |

**To be filled by POP / POP-SP**

|  |  |
|--|--|
| KYC Compliance                           | : Yes <input type="checkbox"/>                             |
| KYC document accepted for identify proof | : <input type="text"/>                                     |
| KYC document accepted for address proof  | : <input type="text"/>                                     |
| Copy of PAN card submitted               | : Yes <input type="checkbox"/> No <input type="checkbox"/> |
| PAN Compliance                           | : Yes <input type="checkbox"/>                             |

|                          |  |                              |
|--------------------------|--|------------------------------|
| <b>POP / POP-SP Seal</b> | <b>Signature of Authorized Signatory</b> |                              |
|                          | Name : <input type="text"/>              | Place : <input type="text"/> |
|                          | Designation : <input type="text"/>       | Date : <input type="text"/>  |

### INSTRUCTIONS FOR FILLING IN THE FORM

I, \_\_\_\_\_ hereby nominate the person(s) mentioned below who is/are member(s)/  
of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

### 3rd Nominee

|             |             |             |
|-------------|-------------|-------------|
| First Name  | First Name  | First Name  |
| Middle Name | Middle Name | Middle Name |
| Last Name   | Last Name   | Last Name   |

## Address of 3rd Nominee

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

[illegible]

### 3rd Nominee

| 1st Nominee | % | 2nd Nominee | % | 3rd Nominee | % |
|-------------|---|-------------|---|-------------|---|
|             |   |             |   |             |   |

### 3rd Nominee's Guardian Details

|             |             |             |
|-------------|-------------|-------------|
| First Name  | First Name  | First Name  |
| Middle Name | Middle Name | Middle Name |
| Last Name   | Last Name   | Last Name   |

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_

Signature/ Thumb Impression\* of the Subscriber



TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. \_\_\_\_\_  
\_\_\_\_\_ after he / she have read the entries / entries 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

POP-SP/DDO/NL-CC Registration Number \_\_\_\_\_  
(Allotted by CRA)

Designation of the Authorised Person : \_\_\_\_\_

POP-SP/DDO/NL-CC Office Name : \_\_\_\_\_

Date 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| d | d | / | m | m | / | y | y | y | y |
|---|---|---|---|---|---|---|---|---|---|

TO BE 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): \_\_\_\_\_

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Signature of the Authorised Person

## 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 PRAN card or employment details.
- (b) The form is to be submitted at the Nodal Office 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 "DDMMYYYY" Format

| S. No    | Item No. | Item Details                          | Instructions   |
|----------|----------|---------------------------------------|--|
| 1        | 1        |                                       | Change or Correction in Subscriber Master Details  |
|          | 1.1      | Spouse Name                           | If married, spouse details is mandatory.   |
|          | 1.2      | Name Change                           | Reason for Change/Correction is mandatory to be provided<br>Name change is not permitted more than once<br><br><b>The List of document to be submitted for name change.</b><br><br><b>a. For Govt Sector: Name change is permitted once the same is updated in Service records.</b><br>i. Self-attested Gazette copy or the self-attested copy of marriage certificate<br>ii. Self-attested POI in the Old Name<br>iii. Self-attested POI in the new name<br>iv. Extract of service records with new name<br>v. Proof of bank account with new name<br><br><b>b. Private Sector</b><br>i. Self-attested Gazette copy or the self-attested copy of marriage certificate<br>ii. Self-attested POI in the Old Name<br>iii. Self-attested POI in the new name<br>iv. Proof of bank account with new name<br><br><b>c. NRI/OCI subscribers</b><br>Mandatory to provide a Passport/OCI Card in a case of Change of name along with other documents |
| 2, 3 & 4 |          | Proof of Identity and Current 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. Providing current address is mandatory. The submitted address proof should contain the current address as provided in the form.<br><br><b>Address Proof Documents to be provided:</b><br><br>1. Passport<br>2. Aadhar card<br>3. Driving Licence<br>4. NREGA Job Card<br>5. POP Certificate<br>6. Voter ID<br>7. National Population register.  |
| 3        | 5        | ID Proof Documents to be provided     | 1. Passport<br>2. PAN Card<br>3. Voter ID Card<br>4. Driving Licence<br>5. NREGA Job Card  |

## Note:

- (i) If the address on the document submitted for identity proof is same as that declared by subscriber in the 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 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.

| 4   | 6  | Politically Exposed Person                    | Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for 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.   |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
|---|--|---|--|---|---------------------|--|--|----------|-------------|---------|--|----------|--|--|--|--|--------------|------|--|--|--|--------|--|--|--|-------------|--|--|--|-----------|---------|---------|----------|-----------|---------|---------|----------|-----------|---------|---------------|----------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|--|-----|-----|-----|--|-----|-----|-----|----------|--|-----|-----|-----|--|-----|-----|-----|--|-----|-----|-----|---------|--|--|--|--|--|-----|--|--|--|-----|--|--|------|--|-----|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|-----|-----|--|--|-----|-----|-----|---------------|--|--|--|--|--|-----|-----|--|--|-----|-----|-----|-----------|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|----------------|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|-----------------|--|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--------|-----|--|-----|-----|-----|--|-----|-----|-----|--|-----|-----|
| 5   | 7  | Subscriber's Bank Details                     | In case, subscriber provides bank details, it should be supported by cancelled cheque.<br>Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprint with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.   |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 6   | 8  | Subscriber's Nomination Details               | (a) 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.<br>(b) Please refer nomination relationship matrix provided below.   |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 7   | 10   | Declaration by subscriber on FATCA Compliance | Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India<br><ul style="list-style-type: none"> <li>• 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.</li> <li>• 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)</li> <li>• If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)</li> <li>• 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</li> </ul>   |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 8   | 8  | Nomination Relationship Matrix                | <table border="1"> <thead> <tr> <th colspan="13">Nomination Relationship Matrix (Please mention relationship as per details given below)</th> </tr> <tr> <th rowspan="2">Relationship</th> <th colspan="4">Male</th> <th colspan="4">Female</th> <th colspan="4">Transgender</th> </tr> <tr> <th>Unmarried</th> <th>Married</th> <th>Widower</th> <th>Divorcee</th> <th>Unmarried</th> <th>Married</th> <th>Widower</th> <th>Divorcee</th> <th>Unmarried</th> <th>Married</th> <th>Widower/Widow</th> <th>Divorcee</th> </tr> </thead> <tbody> <tr> <td>Father</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Mother</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Son</td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Daughter</td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Husband</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td></td> <td></td> <td></td> <td>Yes</td> <td></td> <td></td> </tr> <tr> <td>Wife</td> <td></td> <td>Yes</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Father In Law</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td>Yes</td> <td></td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Mother In Law</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td>Yes</td> <td></td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> </tr> <tr> <td>Grand Son</td> <td></td> <td>Yes</td> <td>Yes (only if the Married SON is expired)</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes (only if the Married SON is expired)</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes (only if the Married SON is expired)</td> <td>Yes</td> </tr> <tr> <td>Grand Daughter</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> </tr> <tr> <td>Daughter In Law</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> </tr> <tr> <td>Others</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes</td> <td>Yes</td> <td></td> <td>Yes</td> <td>Yes</td> </tr> </tbody> </table> | Nomination Relationship Matrix (Please mention relationship as per details given below) |                     |  |  |          |             |         |  |          |  |  |  |  | Relationship | Male |  |  |  | Female |  |  |  | Transgender |  |  |  | Unmarried | Married | Widower | Divorcee | Unmarried | Married | Widower | Divorcee | Unmarried | Married | Widower/Widow | Divorcee | Father | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Mother | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Son |  | Yes | Yes | Yes |  | Yes | Yes | Yes |  | Yes | Yes | Yes | Daughter |  | Yes | Yes | Yes |  | Yes | Yes | Yes |  | Yes | Yes | Yes | Husband |  |  |  |  |  | Yes |  |  |  | Yes |  |  | Wife |  | Yes |  |  |  |  |  |  |  |  |  |  | Father In Law |  |  |  |  |  | Yes | Yes |  |  | Yes | Yes | Yes | Mother In Law |  |  |  |  |  | Yes | Yes |  |  | Yes | Yes | Yes | Grand Son |  | Yes | Yes (only if the Married SON is expired) | Yes |  | Yes | Yes (only if the Married SON is expired) | Yes |  | Yes | Yes (only if the Married SON is expired) | Yes | Grand Daughter |  | Yes |  | Yes |  | Yes |  | Yes |  | Yes |  | Yes | Daughter In Law |  | Yes |  | Yes |  | Yes |  | Yes |  | Yes |  | Yes | Others | Yes |  | Yes | Yes | Yes |  | Yes | Yes | Yes |  | Yes | Yes |
| Nomination Relationship Matrix (Please mention relationship as per details given below) |  |   |  |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Relationship  | Male   |   |  |   | Female              |  |  |          | Transgender |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
|   | Unmarried  | Married                                       | Widower  | Divorcee  | Unmarried           | Married  | Widower  | Divorcee | Unmarried   | Married | Widower/Widow                            | Divorcee |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Father  | Yes  | Yes   | Yes  | Yes   | Yes                 | Yes  | Yes  | Yes      | Yes         | Yes     | Yes                                      | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Mother  | Yes  | Yes   | Yes  | Yes   | Yes                 | Yes  | Yes  | Yes      | Yes         | Yes     | Yes                                      | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Son   |  | Yes   | Yes  | Yes   |                     | Yes  | Yes  | Yes      |             | Yes     | Yes                                      | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Daughter  |  | Yes   | Yes  | Yes   |                     | Yes  | Yes  | Yes      |             | Yes     | Yes                                      | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Husband   |  |   |  |   |                     | Yes  |  |          |             | Yes     |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Wife  |  | Yes   |  |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Father In Law   |  |   |  |   |                     | Yes  | Yes  |          |             | Yes     | Yes                                      | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Mother In Law   |  |   |  |   |                     | Yes  | Yes  |          |             | Yes     | Yes                                      | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Grand Son   |  | Yes   | Yes (only if the Married SON is expired)   | Yes   |                     | Yes  | Yes (only if the Married SON is expired)                                 | Yes      |             | Yes     | Yes (only if the Married SON is expired) | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Grand Daughter  |  | Yes   |  | Yes   |                     | Yes  |  | Yes      |             | Yes     |  | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Daughter In Law   |  | Yes   |  | Yes   |                     | Yes  |  | Yes      |             | Yes     |  | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| Others  | Yes  |   | Yes  | Yes   | Yes                 |  | Yes  | Yes      | Yes         |         | Yes                                      | Yes      |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 9   | Section C  | Updation of Date of Retirement                | In case of Change in Date of Retirement to be supported by office order.   |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| 10  | 9  | Charges for reissue of PRAN card              | <table border="1"> <thead> <tr> <th>e-PRAN Card*</th> <th>Physical PRAN Card^</th> </tr> </thead> <tbody> <tr> <td>The charges for e-PRAN Card is Rs.18 excluding taxes</td> <td>The charges for physical PRAN Card dispatch is Rs.39.36, excluding taxes</td> </tr> </tbody> </table> <p>^Physical PRAN card is applicable for only major subscribers (above 18 years of Age),<br/> *For minor subscribers (below 18 years of Age) e-PRAN card option is applicable</p>   | e-PRAN Card*  | Physical PRAN Card^ | The charges for e-PRAN Card is Rs.18 excluding taxes | The charges for physical PRAN Card dispatch is Rs.39.36, excluding taxes |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| e-PRAN Card*  | Physical PRAN Card^  |   |  |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |
| The charges for e-PRAN Card is Rs.18 excluding taxes                                    | The charges for physical PRAN Card dispatch is Rs.39.36, excluding taxes |   |  |   |                     |  |  |          |             |         |  |          |  |  |  |  |              |      |  |  |  |        |  |  |  |             |  |  |  |           |         |         |          |           |         |         |          |           |         |               |          |        |     |     |     |     |     |     |     |     |     |     |     |     |        |     |     |     |     |     |     |     |     |     |     |     |     |     |  |     |     |     |  |     |     |     |  |     |     |     |          |  |     |     |     |  |     |     |     |  |     |     |     |         |  |  |  |  |  |     |  |  |  |     |  |  |      |  |     |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |     |     |  |  |     |     |     |               |  |  |  |  |  |     |     |  |  |     |     |     |           |  |     |  |     |  |     |  |     |  |     |  |     |                |  |     |  |     |  |     |  |     |  |     |  |     |                 |  |     |  |     |  |     |  |     |  |     |  |     |        |     |  |     |     |     |  |     |     |     |  |     |     |

#### 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://nps.kfintech.com>  
Call: 1800 208 1516  
Address: KFin Technologies Limited  
Selenium Tower-B, Plot No. 31 & 32, Gachibowli,  
Financial District, Nanakramguda, Serilingampally,  
Hyderabad – 500032, Telangana, India

| Applicable CRA Charges             | KFintech (Rs.) |
|------------------------------------|----------------|
| Account Maintenance Charges (p.a.) | ₹ 57.83        |
| Charge per transaction             | ₹ 3.36         |