

NATIONAL PENSION SYSTEM (NPS)

KFin Technologies Limited

Request For Change/Correction in Subscriber Master details And/Or Reissue of PRAN Card

[To avoid mistake(s), please read the accompanying instructions carefully before filling up the form]

For POP-SP/DDO/NL-CC use:

Registration No. _____

Date of Receipt: _____

Signature and Stamp of POP-SP/DDO/NL-CC

Receipt No.: (Mandatory for POP/POP-SP)

Acknowledgement No.

(To be filled by Nodal Office as generated by CRA system)

For POP/POP-SP/PAO/DTO/DTA/PrAO/ NL-AO/NL-OO use:

Registration No.: _____

 Date of Receipt : _____ POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/
NL-OO Stamp:

Entered By : _____ Date: _____

Verified By: _____ Date: _____

I hereby request for the following details for the change (Please tick). [In case of change/correction in employment details, please contact your employer/Nodal Office.]

A) Change or Correction in Subscriber Master Details **B) Reissue of PRAN Card**

C) Employment Details

Permanent Retirement Account Number * _____

I hereby submit the following details of change. [Please tick (✓) the box on left margin of appropriate row where change/correction is required and provide the details in the corresponding rows.]

Section A – Change or Correction in Subscriber Master Details (* Indicates Mandatory Field)

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions) *Reason for Change/Correction (Mandatory)

Name of Applicant in full Shri Smt. Kumarji

First Name*

Middle Name

Last Name

Subscriber's Maiden Name

Father's Full Name:

First Name

Middle Name

Last Name

Mother's Full Name:

First Name

Middle Name

Last Name

Date of Birth

dd / mm / yy

(Date of Birth should be supported by relevant documentary proof. Nodal Office shall verify the same before updating details in the CRA system.)

Would you like to re-issue PRAN card in case of change in details pertaining to Subscriber's Name,

Yes No

Father's/Mother's Name or Date of Birth (This will be charged to Subscriber/employer by CRA):

Gender* Male Female Transgender

Marital Status* Unmarried Married Widow/Widower Divorcee

Spouse Name

(Refer Sr. No. 1 of instructions)

CKYC Number

_____ Generated from Central KYC Registry. Submission of proof for the same is necessary.

Retirement Adviser Code

KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

2. PROOF OF IDENTITY (PoI) (Any one of the documents need to be provided along with the identification number)

Passport

Passport Expiry Date dd / mm / yy

Voter ID Card

PAN Card

Driving License

Driving License Expiry Date dd / mm / yy

NREGA JOB Card

Others

Name of the ID _____

Please refer Sr. No. 2 of the instructions.

UID (Aadhaar)

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

<input type="checkbox"/> 3. PROOF OF ADDRESS (PoA) [Please tick (✓), as applicable] # Not more than 3 months old. Please refer Sr. No. 2 of the instructions	Current Indian Address Details Address Proof Documents to be provided: 1. Passport 4. NREGA Job Card 7. National Population register 2. Aadhar card 5. POP Certificate 3. Driving Licence 6. Voter ID																																												
4 CURRENT INDIAN ADDRESS DETAILS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Address Type*</td> <td style="width: 15%;">Residential/Business <input type="checkbox"/></td> <td style="width: 15%;">Residential <input type="checkbox"/></td> <td style="width: 15%;">Business <input type="checkbox"/></td> <td style="width: 15%;">Registered Office <input type="checkbox"/></td> <td style="width: 15%;">Unspecified <input type="checkbox"/></td> </tr> <tr> <td>Flat/Room/Door/Block no.</td> <td colspan="5" style="text-align: center;">Landmark</td> </tr> <tr> <td>Premises/Building/Village</td> <td colspan="5"></td> </tr> <tr> <td>Road/Street/Lane</td> <td colspan="5"></td> </tr> <tr> <td>Area/Locality/Taluk</td> <td colspan="5"></td> </tr> <tr> <td>City/Town/District</td> <td colspan="5" style="text-align: center;">PIN Code</td> </tr> <tr> <td>State/U.T.</td> <td colspan="5"></td> </tr> </table>				Address Type*	Residential/Business <input type="checkbox"/>	Residential <input type="checkbox"/>	Business <input type="checkbox"/>	Registered Office <input type="checkbox"/>	Unspecified <input type="checkbox"/>	Flat/Room/Door/Block no.	Landmark					Premises/Building/Village						Road/Street/Lane						Area/Locality/Taluk						City/Town/District	PIN Code					State/U.T.					
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5. CONTACT DETAILS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Tel. (Off)(with STD code)</td> <td style="width: 10%; text-align: center;">+</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">Tel. (Res) (with STD code)</td> <td style="width: 10%; text-align: center;">+</td> <td style="width: 20%;"></td> </tr> <tr> <td>Mobile</td> <td style="text-align: center;">+</td> <td style="text-align: center;">9</td> <td style="text-align: center;">1</td> <td colspan="2" style="text-align: center;">(Mobile Number is required for communication and to get SMS alerts)</td> </tr> <tr> <td>Email ID</td> <td colspan="5"></td> </tr> <tr> <td>Value Added Service</td> <td colspan="5"> i) SMS Alert: Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Email Alert: Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table>				Tel. (Off)(with STD code)	+		Tel. (Res) (with STD code)	+		Mobile	+	9	1	(Mobile Number is required for communication and to get SMS alerts)		Email ID						Value Added Service	i) SMS Alert: Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Email Alert: Yes <input type="checkbox"/> No <input type="checkbox"/>																						
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Value Added Service	i) SMS Alert: Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Email Alert: Yes <input type="checkbox"/> No <input type="checkbox"/>																																												
6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions) <ul style="list-style-type: none"> ► Occupation Details [please tick(✓)] Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify) <input type="checkbox"/> ► Annual Income Range* <input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1 lac to 5 lac <input type="checkbox"/> 5 lac to 10 lac <input type="checkbox"/> 10 lac to 25 lac <input type="checkbox"/> 25 lac to 1 Cr <input type="checkbox"/> Above 1 Cr ► Educational Qualifications <input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professionals (CA, CS, CMA, etc.) ► Please Tick If Applicable <input type="checkbox"/> Politically exposed person <input type="checkbox"/> Related to Politically exposed Person <input type="checkbox"/> (Please refer instruction no.3) 																																													
7. SUBSCRIBER BANK DETAILS (Please refer to Sr no. 4 of the instructions) [All bank details are mandatory] <p>You want to change Bank details of: Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> (In case you want to change bank details in both Tier I & Tier II Account, tick both check box)</p> <p>Tier I Account :</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Account Type*</td> <td style="width: 15%;">Savings A/c <input type="checkbox"/></td> <td style="width: 15%;">Current A/c <input type="checkbox"/></td> </tr> <tr> <td>Bank A/c Number*</td> <td colspan="2"></td> </tr> <tr> <td>Bank Name *</td> <td colspan="2"></td> </tr> <tr> <td>IFSC Code*</td> <td colspan="2"></td> </tr> </table> <p>Tier II Account: If same as above for Tier I Yes <input type="checkbox"/> else, <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Account Type*</td> <td style="width: 15%;">Savings A/c <input type="checkbox"/></td> <td style="width: 15%;">Current A/c <input type="checkbox"/></td> </tr> <tr> <td>Bank A/c Number*</td> <td colspan="2"></td> </tr> <tr> <td>Bank Name *</td> <td colspan="2"></td> </tr> <tr> <td>IFSC Code*</td> <td colspan="2"></td> </tr> </table>				Account Type*	Savings A/c <input type="checkbox"/>	Current A/c <input type="checkbox"/>	Bank A/c Number*			Bank Name *			IFSC Code*			Account Type*	Savings A/c <input type="checkbox"/>	Current A/c <input type="checkbox"/>	Bank A/c Number*			Bank Name *			IFSC Code*																				
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8. SUBSCRIBERS NOMINATION DETAILS (Please refer to Sr. No . 5 of the instructions) <p>I want to change Nomination details of : Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> (In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)</p> <p>Tier I Account :</p> <p>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.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name</td> <td style="width: 33%;">Middle Name</td> <td style="width: 33%;">Last Name</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td>Relationship with the Nominee</td> <td>Age</td> <td>Date of Birth (In case of Minor)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				First Name	Middle Name	Last Name				Relationship with the Nominee	Age	Date of Birth (In case of Minor)																																	
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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 & 6 separately)

First Name	Middle Name	Last Name

Relationship with the Nominee

Age

Date of Birth (In case of Minor)

dd / mm / yy

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	dd / mm / yy
Place :	
Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of female)	
Name of subscriber	

 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.	Signature/Thumb Impression* of the Subscriber
Date : dd / mm / yy	

Section D – Employment Details

1. GOVERNMENT SECTOR (Subscribers Employment Details to be filled and attested by the Dept.)

Date of Joining

[d | d | / | m | m | / | y | y | y | y]

Date of Retirement

[d | d | / | m | m | / | y | y | y | y]

Employee Code/ID (If applicable)

[]

Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.

PPAN (If applicable)

[]

Group of Employee (Tick as applicable)

Group A Group B Group C Group D

Office

[]

Department

[]

Ministry

[]

Basic Pay

[]

Pay Scale

[]

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 (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/ CDDO/DTA/PrAO (In the box above)
Designation of the Authorised Person		Designation of the Authorised Person	
DDO Registration Number	[]	DTO/PAO/CDDO/DTA/PrAO Registration Number	[]
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO	
Dept/Ministry	[]	Date	[d d / m m / y y y y]

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

Date of Joining

[d | d | / | m | m | / | y | y | y | y]

Date of Retirement

[d | d | / | m | m | / | y | y | y | y]

Employee Code/ID

[]

Corporate Regd. Number (CHO No.) Allotted by CRA

[]

CBO No. allotted by CRA

[]

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

[d | d | / | m | m | / | y | y | y | y]

Place

[]

Signature of the Authorised person (In the box above)

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)

To be filled by POP / POP-SP

KYC Compliance : Yes

KYC document accepted for identify proof : _____

KYC document accepted for address proof : _____

Copy of PAN card submitted : Yes No PAN Compliance : Yes

POP / POP-SP Seal	Signature of Authorized Signatory	
	Name : _____	Place : _____
Designation : _____	Date : [d d / m m / y y y y]	

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

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

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.

1. Name of the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Middle Name <input type="text"/>	Middle Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>

2. Present Communication address of the nominees:

3. Date of Birth* (Only in case of a minor):

4. Relationship with the Nominee*

1st Nominee	2nd Nominee	3rd Nominee

5. Percentage Share*

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

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

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Middle Name <input type="text"/>	Middle Name <input type="text"/>	Middle Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>

Dated this _____ day of _____ 20____ at _____

Signature/ Thumb Impression* of the Subscriber

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

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	<p>Reason for Change/Correction is mandatory to be provided</p> <p>Name change is not permitted more than once</p> <p>The List of document to be submitted for name change.</p> <p>a. For Govt Sector: Name change is permitted once the same is updated in Service records.</p> <ul style="list-style-type: none"> i. Self-attested Gazette copy or the self-attested copy of marriage certificate ii. Self-attested POI in the Old Name iii. Self-attested POI in the new name iv. Extract of service records with new name v. Proof of bank account with new name <p>b. Private Sector</p> <ul style="list-style-type: none"> i. Self-attested Gazette copy or the self-attested copy of marriage certificate ii. Self-attested POI in the Old Name iii. Self-attested POI in the new name iv. Proof of bank account with new name <p>c. NRI/OCI subscribers</p> <p>Mandatory to provide a Passport/OCI Card in a case of Change of name along with other documents</p>
2	2, 3 & 4	Proof of Identity and Current Address	<p>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.</p> <p>Address Proof Documents to be provided:</p> <ol style="list-style-type: none"> 1. Passport 2. Aadhar card 3. Driving Licence 4. NREGA Job Card 5. POP Certificate 6. Voter ID 7. National Population register.
3	5	ID Proof Documents to be provided	<ol style="list-style-type: none"> 1. Passport 2. PAN Card 3. Voter ID Card 4. Driving Licence 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. 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. (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 • 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) • If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) • 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																																																																																																																																																																																					
8	8	Nomination Relationship Matrix	<p style="text-align: center;">Nomination Relationship Matrix (Please mention relationship as per details given below)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <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> </tr> <tr> <td>Mother</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> </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></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td></td> <td>Yes</td> </tr> <tr> <td>Daughter In Law</td> <td></td> <td>Yes</td> <td></td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></td> <td>Yes</td> <td></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>	Relationship	Male				Female				Transgender				Unmarried	Married	Widower	Divorcee	Unmarried	Married	Widower	Divorcee	Unmarried	Married	Widower/Widow	Divorcee	Father	Yes	Mother	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	Daughter In Law		Yes			Yes		Yes		Yes			Yes	Others	Yes		Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes																						
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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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">e-PRAN Card*</th> <th style="text-align: center;">Physical PRAN Card^</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">The charges for e-PRAN Card is Rs.18 excluding taxes</td> <td style="text-align: center;">The charges for physical PRAN Card dispatch is Rs.39.36, excluding taxes</td> </tr> </tbody> </table> <p style="text-align: center;">^Physical PRAN card is applicable for only major subscribers (above 18 years of Age), *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																																																																																																																																																																																	
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General Information for Subscribers

- The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
- Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application.
- 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