Form CHO-1

National Pension System

Application Form for Corporate Registration

Please fill in all the details in CAPITAL LETTERS & Preferably in BLACK **INK.** All Fields mark with*are mandatory.

Corporate Registration Number (To be allotted by CRA)

Sir/Madam,
We hereby submit a request to be registered as a Corporate. The necessary details are provided below:

1.Name of the Corporate

2. Head Office/ Registered Office Address:

Flat/Unit No/Block no*.

Name of Premise /Building /Village

Area /Locality/Taluka:

District/Town/City*

State/Union Territory*

Country*

I N D I A

Pin Code* **3. Mobile No.**

4. Phone No.*: **5. Fax Number:**

6. Email ID*: ***(Email ID should be of official Email ID of CHO user & not of any individual public domain)***

7. Nodal Officer's Details:

First Name*:

Middle Name:

Last Name:

Designation*:

Phone No. *: **Mobile No:**

STD Code **Phone Number**

Email ID*: ***(Note: Email ID& Phone Number should be Nodal Officer's & not the HO's official Email ID &any Board Number.)***

7. Alternate Nodal Officer's Details:

First Name*:

Middle Name:

Last Name:

Designation*:

Phone No. *: **Mobile No:**

STD Code **Phone Number**

Email ID*: ***(Note: Email ID& Phone Number should be Nodal Officer's & not the HO's official Email ID &any Board Number.)***

9. A. Corporate PAN*:

B. Udyam Registration Number* (If Corporate is MSME):

C. Corporate TAN*:

D. Corporate GSTIN

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E. Corporate Identification Number (CIN):

Type of Entity (Tick any one)* :

Private ☐ **MSME** ☐ **CPSE/PSU** ☐ **Public Sector Bank** ☐ **Aggregator** ☐ **FPO** ☐

10. Corporate Office is Co-Contributor (Please tick only one)*:

Yes ☐ **No** ☐

11. Retirement Age in Years * ☐☐

12. Details of Scheme Preference*: Selection of Scheme Preference by: Subscriber ☐ **Corporate** ☐

13. If choice of investment is to be made by the Corporate on behalf of the employees (selected as Corporate in clause no. 12) then the following fields are mandatory:

(A) **PFM Selection*:**

PFM Name (in alphabetical order)	**Please tick only one (Select only one PFM)**
Aditya Birla Sunlife Pension Fund Limited	☐
AXIS PENSION FUND MANAGEMENT LIMITED	☐
DSP PENSION FUND MANAGERS PRIVATE LIMITED	☐
HDFC Pension Management Company Limited	☐
ICICI Pension Fund Management Limited	☐
Kotak Mahindra Pension Fund Limited	☐
LIC Pension Fund Limited	☐
SBI Pension Funds Private Limited	☐
TATA PENSION MANAGEMENT PRIVATE LIMITED	☐
UTI Pension Fund Limited	☐

(B) Investment option* : (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).

Active Choice ☐ **Auto Choice** ☐

Multiple Scheme Framework (MSF) ☐ **MSF Scheme Code** ☐

MSF Scheme Name* ☐

Asset Allocation (Please, indicate asset allocation pattern of **Active Choice** is selected)

Asset Class	**Equity (Can not exceed 75%)**	**Corporate Bonds**	**Government Securities**	**Total (Should be equal to 100%)**
% Share				

Auto Choice Option (to be filled up only 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.)

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Life Cycle (LC) Funds	Please tick only one
Life Cycle 25 Low (5E/55Y)	☐
Life Cycle 50 Moderate (10E/55Y)	☐
Life Cycle 75 High (15E/55Y)	☐
Life Cycle - Aggressive (35E / 55 Y)	☐

Note:

1. Life Cycle 75 - High (15E / 55 Y) : It is the Life cycle fund where the Cap to Equity investment is 75% of the total asset (up to 35 years)
2. Life Cycle 50 - Moderate (10E / 55 Y) : It is the Life cycle fund where the Cap to Equity investment is 50% of the total asset (up to 35 years)
3. Life Cycle 25 - Low (5E / 55 Y) : It is the Life cycle fund where the Cap to Equity investment is 25% of the total asset (up to 35 years)
4. Life Cycle - Aggressive (35E / 55 Y) : It is the Life cycle fund where the Cap to Equity investment is 50% of the total asset (up to 45 years)

14. CRA Charges to be borne by* - Employer ☐ **Employee** ☐

***GST certificate is mandatory if CRA Charges to be borne by Employer.**

We hereby declare and agree that we have read and understood the NPS product and its features. We further declare that the information supplied in the application is complete and true. And we will notify Central Record keeping Agency (CRA) immediately about any change in the information provided in the application.

	Signature of Authorized Signatory
Corporate Head Office Stamp	Name: _____ Place: _____ Designation: _____ Department: _____ Date: ☐☐☐☐☐☐ D D M M Y Y

To be Filled by POP

A. POP Registration No: ☐☐☐☐☐☐☐

B. Submitted KYC documents: Yes ☐ **No** ☐

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	Signature of Authorized Signatory
POP Head Office Stamp	Name: _____ Place: _____ Designation: _____ Department: _____ Date: D D M M Y Y

To be filled by CRA

Received By: _____

Received at: _____ **Place:** _____

Document to be Submitted to POP by Corporate:

Documents as proof for KYC on the status of corporate/entity