Form N1 AC

National Pension System

Point of Presence (POP) Registration Form

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

POP Registration Number :
(To be allotted by CRA)

Sir/Madam,

We hereby submit a request to be registered as a Point of Presence. The necessary details are provided below:

1. Name of the POP *:

2. Registration Number (Allotted by PFRDA):

Date of Registration with PFRDA*:

D D M M Y Y Y Y

3. POP 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*

4. Phone No. *:

(STD code)   (Phone No.)

5. Alternate Phone No. :

(STD code)   (Phone No.)

6. Fax No. :

(STD code)   (Phone No.)

7. Email ID*: *(Email ID should be of official email ID of the POP & not of any individual person)*

8. **Compliance Officer's Details *:**

First Name*:

Middle Name*:

Last Name*:

Designation*:

Phone No. *:   Mobile Number + 9 1

STD Code   Phone Number

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

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9. Alternate Nodal Officer's Details *:

First Name*:

Middle Name :

Last Name :

Designation*:

Phone No. *:
STD Code   Phone Number

Mobile Phone   + 9 1

Email ID*: *(*Email ID & Phone No. should be of the alternate Compliance Officer's Email ID & Direct Phone No. and not of the POP's official Email ID and any Board No.)*

10. Option selected for with regard to data transfer and fund transfer (Please tick only one):
Centralized Data Transfer and Centralized Fund Transfer (Centralized Model) (In case of option I, select any one of the three roles**)**

   ⅰ **Centralized Data Transfer and Centralized Fund Transfer (Centralized Model) (**In case of option I, select any one of the three roles**)**

   ⅱ **Decentralized Data Transfer and Decentralized Fund Transfer (Decentralized Model)**

   ⅲ **Decentralized Data Transfer and Centralized Fund Transfer (Quasi-centralized Model)**

   Note: In case of option no- II & III, all the authorized branches of the POP (POP – SPs) would be mandatorily required to upload data and/or transfer funds as per the option exercised above.

11. POP Bank Details*: (Designated Bank A/c for accepting NPS contributions. Please submit a cancelled cheque / copy of the Bank passbook/ Bank certificate containing Name, Bank Account Number & IFS Code as Bank Proof .)

Bank Account Type*   Savings A/c   Current A/c

Bank A/c Number *

Bank Name*

Bank Branch*

Bank Branch Address*

Pin Code*

Bank Branch MICR Code

Bank Branch IFS Code*   (Indian Financial Systems Code)

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We hereby agree and declare that the information supplied in the application, is complete and true. We further agree that, we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in the application.

	Signature of Authorised Signatory
	Name : _____ Place : _____
POP Stamp	Designation : _____ Date : ☐☐☐☐☐☐☐☐
	Department : _____ D D M M Y Y Y Y

Following Documents to be submitted along with the form:

- Certified Copy of PFRDA Registration Certificate for appointment of POP.
- List of authorized signatories who shall undertake correspondence with CRA, along with their signatures.
  The list should be duly authenticated by the authorized official of the POP.

Any change in the information provided should be intimated to CRA with proper authorization.

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