National Pension System (NPS)

Withdrawal of Accumulated Pension Wealth by Claimant due to the death of the subscriber (Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)

If no nomination subsists: By the family daughters whose husbands are live, of a furnished by Executive Magistrate indic case of parents whether dependent or naminor. If both 1 & 2 above are not applicable authority. In case of multiple claimants, separate (FOR OFFICE Date:	E PURPOSE ONLY-NOT TO BE FILLED IN BY THE CLAIMANTS) Acknowledgement Number:
(DD/MM/YYYY)	(Generated by CRA)
DDO Registration No.:	PAO/DTO/POP/POP-SP Registration No.:
Receipt Number issued by receiving office	
Entered By: Date:	Verified By: Date:
applicable). I / we understand further	alth of the deceased subscriber under the NPSfor both Tier-I / Tier-II (please tick hat the entire accumulated pension wealth in both Tier I and Tier II (as applicable and hereby give below the necessary details:
2. Full Name (As in PRAN Card) *:	
First Name*	
Middle Name	
Last Name	
2. Fothow's name/Crause? No.	
3. Father's name/Spouse' Name*: First Name*	
THOU I WAITE	
Middle Name	
Last Name	
4. Date of Birth of the deceased subscriber *65. Date of subscriber's death (DDMMYYYY)	

Annual of the Claimant (person ontitied to receive claim proceeds under the policy): Name of the Claimant In Name Middle Name Surname/hast name Surname/hast name Claimant's current communication Address: lat/Unit No, Block no* ame of Premise/Building/Village Area/Locality/Taluka instrict/Town/City* Bate / Union Territory* Date of Birth of the Claimant (DDMMYYYY): Relationship with the Subscriber*: (e.g. If claimant is son, claimant should fill the relationship as 'Son') Claimant's Guardian Details*(only in case of a minor): Sirst Name* Middle Name Last Name Last Name Ction C - Claimant's Bank Details(Please refer General Instruction no.6): Lasak Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Address* 6. Bank Address* 9. Bank MICR Code (Wherever applicable)	Form 103-GD	Page 2
Claimant's current communication Address: Claimant's current communication Address:	ection B – Details of the Claimant (person entitled to receive claim proceeds under the policy):	
lat/Unit No, Block no* ame of Premise/Building/Village		
lat/Unit No, Block no* ame of Premise/Building/Village		
lat/Unit No, Block no* ame of Premise/Building/Village		
area/Locality/Taluka strict/Town/City* ate / Union Territory*		
Area/Locality/Taluka istrict/Town/City* late / Union Territory* country* Pin Code* Email ID: Mobile No. Date of Birth of the Claimant (DDMMYYYY): [Ce.g. If claimant is son, claimant should fill the relationship as 'Son') [Claimant's Guardian Details*(only in case of a minor): [Cist Name* Middle Name Last Name [Concelled Cheque Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	at/Unit No, Block no*	
istrict/Town/City* tate / Union Territory* country* Pin Code* Email ID: Mobile No. Date of Birth of the Claimant (DDMMYYYY): Relationship with the Subscriber*: (e.g. If claimant is son, claimant should fill the relationship as 'Son') Claimant's Guardian Details*(only in case of a minor): First Name* Middle Name Last Name ction C - Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	ame of Premise/Building/Village	
ate / Union Territory* ountry* Pin Code* Email ID: Mobile No. Date of Birth of the Claimant (DDMMYYYY): Relationship with the Subscriber*: (e.g. If claimant is son, claimant should fill the relationship as 'Son') Claimant's Guardian Details*(only in case of a minor): First Name* Middle Name Last Name ction C - Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	rea/Locality/Taluka	_
Date of Birth of the Claimant (DDMMYYYY): Relationship with the Subscriber*: (e.g. If claimant is son, claimant should fill the relationship as 'Son') Claimant's Guardian Details*(only in case of a minor): Cirst Name* Middle Name Last Name Ction C - Claimant's Bank Details(Please refer General Instruction no.6): I. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	istrict/Town/City*	
Date of Birth of the Claimant (DDMMYYYY): Relationship with the Subscriber*: (e.g. If claimant is son, claimant should fill the relationship as 'Son') Claimant's Guardian Details*(only in case of a minor): Sirst Name* Middle Name Last Name ction C - Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	ate / Union Territory*	
Relationship with the Subscriber*: (e.g. If claimant is son, claimant should fill the relationship as 'Son') Claimant's Guardian Details*(only in case of a minor): First Name* Middle Name Last Name Ction C - Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	ountry* Pin Code* Email ID: Mobile N	lo
(e.g. If claimant is son, claimant should fill the relationship as 'Son') Claimant's Guardian Details*(only in case of a minor): Sirst Name* Middle Name Last Name ction C - Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 6. Bank Address*	Date of Birth of the Claimant (DDMMYYYY):	
Claimant's Guardian Details*(only in case of a minor): Sirst Name* Middle Name Last Name ction C - Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*		
Cition C — Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*		
ction C - Claimant's Bank Details(Please refer General Instruction no.6): 1. Bank Details of the Claimant: 1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	2	
I. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	Middle Name Last Name	
I. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*		
I. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS, Proof attached for Bank Details*: Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	office C. Claiman A. D. J. D. J. D. J. J. Co.	
Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*		
Cancelled Cheque Bank Certificate 2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	1. For Electronic transfer or Direct Credit through ECS/NEFT/RTGS. Proof attached for Bank Details*	
2. Type of Bank Account*: Savings A/c Current A/c 3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*		
3. Bank A/c Number* 4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*		
4. Bank Name* 5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*		
5. Bank Branch* 6. Bank Address* 7. Pin Code * 8. Bank IFS Code*		
6. Bank Address* 7. Pin Code * 8. Bank IFS Code*	4. Bank Name*	
7. Pin Code * 8. Bank IFS Code*	5. Bank Branch*	
	6. Bank Address*	
9. Bank MICR Code (Wherever applicable)	7. Pin Code * 8. Bank IFS Code*	
	9. Bank MICR Code (Wherever applicable)	

<u>Form 103-GD</u>		Page 3
Declaration:		
I/We (as mentioned below), the no SubscriberShri/Smt./Msabove is true to the best of my/our knowledge	do he	or nominee(s) or minor heir(s)of NPS reby declare that the information provided
Claimants Signature (Signature of guardian in case the claimant is a minor) Signature/Left Thumb Impression*	Name of the Claimant or of guardian Date: D D M M Y Y Y Y	Self attested photograph of the Claimant /guardian
TO BE FILLED/ATTESTED BY PAO/DTO/POP/P Certified that the above declaration and details after the nor been read over to him / her by me and got conf	has been signed / thumb impressed before me by minee(s)/legal heir(s)/guardian of minor nominee(Sh./Smt/Mss) or minor heir(s)has read the entries / entries have
Rubber Stamp of the PAO/DTO/PO		e of the Authorised Person
PAO/DTO/POP/POP-SP Registration Number(Allotted by CRA) Date: D D M M Y YYY		sed Person:e :
	WAL OF ACCUMULATED PENSION THE SUBSCRIBER UNDER NATE Advanced Stamped Receipt	
Claimant/Cuantian af the Claimant		
Claimant / Guardian of the Claimant	(if the claimant is minor)	
	sion System Trust by deposit in my Saving E	
	account of late Shri/Smt	with
PRAN Number		Affix 1 Rupee Revenue Stamp and sign across
	Signature or Left/ Right hand the	umb impression of the Nominee/Guardian*

Original PRAN Card	
In the absence of PRAN card, notarized affidavit	
Death certificate in original issued by local	
authorities	
Photo ID	
Address proof of the Claimant Date of birth proof of claimant	

Legal heir certificate	
Certified copy of family member's certificate issued by Executive Magistrate	
Cancelled cheque (containing nominee Name, Bank	
Account Number and IFS Code) or Bank Certificate	
Discharge Certificate from the employer (in case	
claim is lodged through a POP/POP-SP)	
Note: PFRDA reserves the right to call for additional under National Pension System.	requirements, if needed for establishing a valid claim
I handley dealang that the information sives on this	
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di	death claim application form is true and complete to are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first)	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first)	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first) Address of Witness:	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first) Address of Witness: Date://	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first) Address of Witness:	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first) Address of Witness: Date://	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature Name of Claimant Date:/ DD M M Y YYY
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first) Address of Witness: Date:/ D D M M Y YYY	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature Name of Claimant Date:/ DD M M Y YYY
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first) Address of Witness: Date:/ D D M M Y YYY	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature Name of Claimant Date:/ DD M M Y YYY Happlication form for Withdrawal due to death of the subscriber
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first) Address of Witness: Date:/ D D M M Y YYY ACKNOWLEDGN Acknowledgment slip to the Claimant on receipt of completed (To be filled by Freeceived from PRAN:	are and agree that any personal information collected whether contained in this application or otherwise sclosed by the Company to individuals/organisations ty (within or outside of India) for the purposes of Claimant Signature Name of Claimant Date:/ DD M M Y YYY Happlication form for Withdrawal due to death of the subscriber
the best of my knowledge and belief. I hereby decl or held by the National Pension System (NPS) (obtained) is provided andmay be held, used, and di associated with the NPS or any selected third par processing this application. Witness Signature Name of the Witness (in block letters, family name first) Address of Witness: Date:/ D D M M Y YYY ACKNOWLEDGN Acknowledgment slip to the Claimant on receipt of completed (To be filled by Freeceived from PRAN:	are and agree that any personal information collected (whether contained in this application or otherwise sclosed by the Company to individuals/organisations (within or outside of India) for the purposes of Claimant Signature

INSTRUCTIONS FOR FILLING UP THE FORM

- 1. All the columns in the form should be filled with black ink pen without any overwriting
- 2. Fields marked with (*) are mandatory.
- The day on which CRA receives the confirmation of funds transferred to Subscriber's accounts; the PRAN will be deactivated in the CRA System.
- 4. Correct postal address, including the pin code should be provided
- 5. The literate claimant should sign the application form. In case of the claimant being illiterate, Left hand thumb impression by illiterate male claimant and Right hand thumb impression by illiterate female should be affixed in the claim form.
- 6. If the Nominee/ legal heir is minor, Bank account number should be in the name of nominee/ legal heir. Bank account's guardiar should be same as mentioned in the withdrawal form.

Documents to be enclosed with the application:-

- 1. Death certificate in original of the deceased subscriber.
- 2. PRAN card in original. In case PRAN card is not available, a duly notarized affidavit as to the reasons of non-submission of the PRAN card is needs to be submitted.
- 3. Certified copy of family member's certificate issued by Executive Magistrate for cases where no nomination was registered with us.
- 4. Legal heir certificate when the claim is being made by.
- 5. Cancelled cheque (containing nominee Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFSC code, for direct or electronic transfer.
- 6. A pre-signed receipt acknowledging the receipt of the proceeds by nominee/nominees/legal heir (as applicable)
- 1. Identification and address proof of the nominee or nominees, in case of multiple nominees. The photocopies of documents (Sr. No. to h) and original document (Sr. No. i) that can be provided as identification and address proof are as mentioned below:
 - a) Ration Card with photograph and residential address
 - b) Bank Passbook with photograph and residential address
 - c) Credit Card with photograph, any other address proof like latest telephone bill, electricity bill in the name of th nominee.
 - d) Passport
 - e) Aadhar Card issued by UIAD
 - f) Voter's Photo Identity Card with residential address
 - g) Driving license with photograph and residential address
 - h) PAN card and any other address proof like latest telephone bill, electricity bill in the name of the nominee.
 - i) Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly of Municipal Councilor or a Gazetted Officer and any other address proof like latest telephone bill, electricity bill in the name of the nominee (to be provided original)

In case if the address is not present on any of the above documents or differs with address provided in this form, proof in respect current residential address like latest telephone bill, electricity bill in the name of the nominee should be submitted.

For the purpose of this document Pension Wealth means: The total amount of contributions made by the subscriber in the scheme pluthe investment income derived from the investment of the contributions made by the subscriber from the date of joining of National Pension System till the date of execution of withdrawal request in the CRA System.

Last Name

	Annexure I	or Nomination	Details			
The details of nominees to whom the obefore entire proceeds are withdrawn (P	utstanding pension lease refer general	instruction no: 6)	scriber is pay is to be provi	able in case of ded hereunder.	Also, please note	that in case
of demise of the subscriber after optimited withdrawal in the account of the subscriber.	iber will be paid to	hdrawal, all the o o the nominees as	utstanding pe mentioned in	ension wealth o this form and t	ut of the phased the same would be	d lump sun be treated a
full and final discharge of the obligation	•					
I, member(s) of my family to receive the	hereby i	nominate the pers	on(s) mention	ned below wh al Pension Syste	o is/are membe	r(s)/non- pelow_in
the event of my death before that eligible	ole accumulated pe	ension wealth amo	unt has become	ne payable or h	aving become pa	ayable or
having become payable has not been pa						
1. Name of the Nominee*:						
1st Nominee		2nd Nomine	e		3rd Nomir	nee
First Name*	First Name*			First Name*		
Middle Name	Middle Nam	e		Middle Name		
Last Name	Last Name			Last Name		
Last Name	Last Name			Bustitume		
2. Present Communication address of the no						
Address of 1 st Nominee	Address of 2	nd Nominee		Address of 3 rd	Nominee	
				4		
	ППП					
3. Date of Birth* (Only in case of a minor):						
1st Nominee	2nd Nomine	ee		3rd Nominee		
4. Relationship with the Nominee*: 1st Nominee	2nd Nomine	e e		3rd Nominee		
Tst Nominee						
5 D						
5. Percentage Share*: 1st Nominee	% 2nd Nomin	ee	0	6 3rd Nominee		
 Nominee's Guardian Details* (Only in Control of Standard of Stand		ee's Guardian Detail		3rd Nomine	e's Guardian Detai	ls
First Name*	First Name		3	First Name*	o o oddi oddi oddi	
				Middle Norma		
Middle Name	Middle Nar	ne		Middle Name		

Last Name

Last Name

					Page 2
Dated this	day of	20 at			
Particulars	1st Witness	2 ^{no}	Witness		
Name		-	vv itiless		
Address					
Signature					Signature/Left Thumb Impression of the Subscri
Note: Left thumb impoust be obtained.	ression in case of illiterate	male Subscriber a	nd Right thumb imp	pression in case (of illiterate female subscr
O BE FILLED/ATTESTE					
- DETREEDIATIESTE	ED BY PAO/DTO/POP/POP-S	P			
			/ though : 11	6 1 61 5	
ertified that the above de	eclaration and nomination de	tails has been signed	/ thumb impressed be	fore me by Sh/Sm	t/Ms
ertified that the above de	eclaration and nomination de after he / she have r	tails has been signed	/ thumb impressed be es have been read ove able with the Depart	fore me by Sh/Sm r to him / her by n ment. The date o	t/Ms
ertified that the above de	eclaration and nomination de after he / she have r e of retirement is as per em s as given below:	tails has been signed ead the entries / entri ployee records avail	/ thumb impressed be es have been read ove able with the Depart	fore me by Sh/Sm r to him / her by n ment. The date of	t/Ms ne and got confirmed by hir f retirement of the subscri
ertified that the above de	eclaration and nomination de after he / she have r	tails has been signed ead the entries / entri ployee records avail	/ thumb impressed be es have been read ove able with the Depart	fore me by Sh/Sm r to him / her by n ment. The date of	t/Msne and got confirmed by hir fretirement of the subscri
ertified that the above de	eclaration and nomination de after he / she have r e of retirement is as per em s as given below:	tails has been signed ead the entries / entri ployee records avail	/ thumb impressed be es have been read ove able with the Depart	fore me by Sh/Sm r to him / her by n ment. The date of	t/Ms ne and got confirmed by hir f retirement of the subscri
ertified that the above de	eclaration and nomination de after he / she have r e of retirement is as per em s as given below:	tails has been signed ead the entries / entri ployee records avail	/ thumb impressed be es have been read ove able with the Depart	fore me by Sh/Sm r to him / her by n ment. The date o	t/Msne and got confirmed by hir fretirement of the subscri
ertified that the above delso certify that the date er government record is	eclaration and nomination de after he / she have n e of retirement is as per em s as given below: (DDMMYYYY)	tails has been signed ead the entries / entri ployee records avail	/ thumb impressed be es have been read ove able with the Depart	fore me by Sh/Smr to him / her by n	t/Msne and got confirmed by hir f retirement of the subscri
ertified that the above delso certify that the date er government record is	eclaration and nomination de after he / she have r e of retirement is as per em s as given below:	tails has been signed ead the entries / entri ployee records avail	es have been read ove able with the Depart	fore me by Sh/Sm r to him / her by n ment. The date of	ne and got confirmed by hir f retirement of the subscri
Rubber Stan	eclaration and nomination de after he / she have it of retirement is as per em s as given below: (DDMMYYYY)	tails has been signed ead the entries / entri ployee records avail	es have been read over able with the Depart	r to him / her by n ment. The date of	ne and got confirmed by hir fretirement of the subscri
Rubber Star O/DTO/POP/POP-SP Reg (Allotted by CRA)	eclaration and nomination de after he / she have it of retirement is as per em s as given below: (DDMMYYYY)	tails has been signed read the entries / entri ployee records avail	Signatu Designation of the Au	r to him / her by n ment. The date of	ne and got confirmed by hir f retirement of the subscri
Rubber Stan O/DTO/POP/POP-SP Reg (Allotted by CRA)	eclaration and nomination deafter he / she have it to fretirement is as per em to as given below:	tails has been signed read the entries / entri ployee records avail	Signatu Designation of the Au	r to him / her by n ment. The date of	ne and got confirmed by hir fretirement of the subscri
Rubber Stan O/DTO/POP/POP-SP Reg (Allotted by CRA)	eclaration and nomination de after he / she have it of retirement is as per em s as given below: (DDMMYYYY)	tails has been signed read the entries / entri ployee records avail	Signatu Designation of the Au	r to him / her by n ment. The date of	ne and got confirmed by hir f retirement of the subscri
Rubber Stan O/DTO/POP/POP-SP Reg (Allotted by CRA)	eclaration and nomination deafter he / she have it to fretirement is as per em to as given below:	tails has been signed read the entries / entri ployee records avail	Signatu Designation of the Au	r to him / her by n ment. The date of	ne and got confirmed by hir f retirement of the subscri
Rubber Stan O/DTO/POP/POP-SP Reg (Allotted by CRA)	eclaration and nomination deafter he / she have it to fretirement is as per em to as given below:	tails has been signed read the entries / entri ployee records avail	Signatu Designation of the Au	r to him / her by n ment. The date of	ne and got confirmed by hir f retirement of the subscri
Rubber Stan O/DTO/POP/POP-SP Reg (Allotted by CRA)	eclaration and nomination deafter he / she have it to fretirement is as per em to as given below:	tails has been signed read the entries / entri ployee records avail	Signatu Designation of the Au	r to him / her by n ment. The date of	ne and got confirmed by hir f retirement of the subscri

Documents to be enclosed with the application

- 1. Original PRAN card. In case PRAN card is not available, the subscriber needs to submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
- 2. Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate Containing Name, Bank Account Number and IFSC code, if opted for direct credit or electronic transfer.
- 3. A pre-signed receipt acknowledging the receipt of the proceed under NPS by the subscriber
- 4. In addition to the PRAN card any other Identification and address proof of the subscriber. The documents that can be provided as identification and address proof are as mentioned below:
 - a) Ration Card with photograph and residential address
 - b) Bank Passbook with photograph and residential address
 - c) Credit Card with photograph, any other address proof like latest telephone bill, electricity bill in the name of the subscriber.
 - d) Passport
 - e) Voter's Photo Identity Card with residential address
 - f) Driving license with photograph and residential address
 - g) PAN card and any other address proof like latest telephone bill, electricity bill in the name of the subscriber.
 - h) Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councilor or a Gazetted Officer and any other address proof like latest telephone bill, electricity bill in the name of the subscriber

In case if the address is not present on any of the above documents or differs with address provided in this form, proof in respect of current residential address like latest telephone bill, electricity bill in the name of the subscriber should be submitted.