ATAL PENSION YOJANA (APY)		
(Administered by Pension Fund Regulatory and Development	Authority)		
SUBSCRIBER REGISTRATION FORM			

-	icer In Charge, Branch,	Bank/Dept. of Post	
Dear Sir/Madam, I hereby request that an APY account be opened in my name under National Pension System (NPS) as per the particulars given below:			
* Indicates mandatory fiel	Ids. Please fill the form in English and BLOCK letters		
1. BANK DETAILS:			
Bank A/c Number*			
Bank Name*		Bank Branch*	
2. PERSONAL DETAILS	:		
Name of Applicant in Full Name*	full* Shri Smt. Kumari		
Date of Birth*	d / m m / y y y Age	Mobile No	
Email ID		Aadhaar*	
Married Ye	es No If married , spouse name is mandatory.	Spouse will be the default nominee under APY.	
Name of Spouse		Aadhaar	
Nominee's Name*		Aadhaar	
Nominee's relationship	with the subscriber		
Additional Details in c	case nominee is a Minor		
Date of Birth* d	d / m m / y y y		
Guardian's Name*			
Whether beneficiary of	f other statutory social security schemes Yes No		
Whether Income Tax P	Payer Yes No		
Is FATCA/CRS* applica	able \$ Yes No		
	e for US Persons/Tax Residents other than India. FATCA/CRS Declarati hip / Country of Residence for Tax Purpose is a country other than India.	on Form needs to be submitted if you are an US person or your Country of	
3. PENSION DETAILS			
Frequency of Contribution	n (Please tick($$)) * Monthly Qu	Jarterly Half Yearly	
Pension Amount (Plea	· · · ·	3000 4000 5000	
Contribution A		k to debit my above mentioned bank account till the age of 60 for making	
(in Rs.)	payment under APY as a the transaction is delayed	pplicable based on my age and the Pension Amount selected by me. If or not effected at all for insufficient balance, I would not hold the bank	
(To be filled by t	he Bank) responsible. I also underta	ke to deposit the additional amount together with overdue interest thereon.	
Declaration & Authorization by all subscribers I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same and declare that the information furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the bank of any change in the above information furnished by me. Further, I do not hold any pre-existing account under APY. I understand that I shall be fully liable for submission of any false or incorrect information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India. I hereby authorize PFRDA to use my Aadhaar details for APY and authenticate my identity through the Aadhaar Authentication system in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other subsidies, Benefits and Services) Act, 2016 and rules and regulations notified thereunder. I have been given to understand that my information submitted to PFRDA herewith shall not be used for any other purpose other than mentioned above, or as per requirement of law. Date d d / m m / y y y Place c in case of male and RTI in case of female) case of female) case of female)			
ACK	NOWLEDGEMENT - SUBSCRIBER REGISTRATION	FOR ATAL PENSION YOJANA (APY)	
	(To be filled by the Bank	. ,	
Name of the Subscriber:			
PRAN Number			
Guaranteed Pension Amou	Int Periodic	city of Contribution	
Contributi	ion Amount under APY (in Rs.)		
Name of the Bank:			
Bank Branch:		-	
Receiving Officer's Name:	•	-	
Date of Receipt of Applica		Stamp and Signature of the Bank	
Atai Pension Yojana has now be provisions of the act, any individ Aadhaar authentication. All new a	een included under the Section 7 of the Aadhaar (Targeted Delivery of Jual who is eligible to receive benefits under the scheme will have to fu APY registrations will have to comply with the above directives.	Financial and Other Subsidies, Benefits and Services) Act 2016. As per the rrnish proof of possession of Aadhaar number or undergo enrolment under	

*

2**0**0

Self-Certification for Individual - FATCA/CRS Declaration Form

Name of Subscriber:

Permanent Retirement Account Number (PRAN):

Date of Birth:

FATCA/CRS Declaration Form			
Part I- Please fill in the country for each of the following:			
1	Country of:		
a)	Birth		
b)	Citizenship		
c)	Residence for Tax Purposes		
2	US Person (Yes / No)		
Part	II- Please note:		
a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.			
 b. if for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country in the table below: 			
i)	TIN	· · · · · · · · · · · · · · · · · · ·	
	Country of Issue		
ii)	TIN		
	Country of Issue		
iii)	TIN		
	Country of Issue		
a. In case any of the parameters in Part I indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification			

a. In case any of the parameters in **Part I** indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in **Part IV**.

b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate

Please also fill **Part IV** Self-Certification.

Part III- Customer Declaration (Applicable for all customers)

(i) Under penalty of perjury, I/we certify that:

- 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)
- 2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder Is a tax resident outside of India)
- (ii) I/We understand that the NPS Trust is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The NPS Trust is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities the NPS Trust may also be required to report, reportable details to CBDT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.
- (vi) I/We permit/authorise NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by NPS Trust and any of its affiliates 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.
- (vii) I / We hereby accept and acknowledge that 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 / us to NPS Trust.
- (viii) I/We shall indemnify NPS Trust for any loss that may arise to NPS Trust on account of providing incorrect or incomplete information.

Signature :	
Name :	
Date (DD/MM/YYYY) :	

Part IV- Self-Certificatio	n:
----------------------------	----

To be filled only if-

(a)	Name of the country in Part I is other	er than In	dia and TI	N or functional	equivalent is not
	available, or				

(b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.			Signature
Document Proof submitted (Pls tick document being submitted)			
Passport	Election Id Card		DAN Card
Driving License	UIDAI Letter		□ NREGA Job Card
Govt. Issued ID Card			