Annexure NL-S2 Page 1

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Pin Code										
Bank MICR Code										
Bank Branch IFSC		٦								
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9. Choice of Pension Fund Manager* (Refer to instruction No. g):										
PFM Name (in alphabetical order)		Please tick only one								
As Per Central Government Scheme (Ref										
ICICI Prudential Pension Funds Managemen	nt Company Limited									
IDFC Pension Fund Management Company	Limited									
Kotak Mahindra Pension Fund Limited										
Reliance Capital Pension Fund Limited										
SBI Pension Funds Private Limited										
UTI Retirement Solutions Limited										
(Selection of PFM is mandatory. In case PFM is not selected, app	olication form shall be summarily rejected).	_								
10. Subscribers Nomination Details: (OPTIONAL – pl 1. Name of the Nominee:	ease refer to Sr. No. i of the instructions)								
1st Nominee First Name	2nd Nominee First Name	First Name	3rd Nominee							
Middle Name	Middle Name	Middle Name								
Last Name	Last Name	Last Name								
2. Date of Birth (In case of a minor): 1st Nominee	2nd Nominee	3rd Nominee								
3. Relationship with the Nominee:										
1st Nominee	2nd Nominee	3rd Nominee								
4. Percentage Share: 1st Nominee %	2nd Nominee	% 3rd Nominee								
5. Nominee's Guardian Details (in case of a minor):		2.137) C F D T							
1st Nominee's Guardian Details 2nd Nominee's Guardian Details 3rd Nominee's Guardian Details First Name First Name										
Middle Name	Middle Name	Middle Name								
Last Name	Last Name	Last Name								
Declaration & Authorization										
I hereby declare and agree that (a) I have read and the answers entered in the application are mine										
mind under any law for the time being in force. (d)										
Declaration under the Prevention of Mone	y Laundering Act, 2002									
I hereby declare that: 1. The contribution paid has been derived from legally declared and assessed sources of income.										

ner by me.	aw, directly or indirectly, by any g in the country. nce under the scheme. I also 0/-, failing which the est rates as may be prescribed. Signature/Thumb Impression* of Subscriber riber is eligible to join NPS and the me by stries / entries have been read over to him Rubber Stamp of the Aggregator) amber:
Authorization by Aggregator Office (NL-AO): Partified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that subscrive declaration has been signed / thumb impressed before after (s)he has read the enter by me. Signature of the Authorised Person ame of the Aggregator: NPS Lite- Account office (NL-AO) Registration Number: NPS Lite- Collection Centre (NL-CC) Registration Number:	Impression* of Subscriber riber is eligible to join NPS and the me by stries / entries have been read over to him Rubber Stamp of the Aggregator)
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Signature of the Authorised Person ume of the Aggregator: NPS Lite- Account office (NL-AO) Registration Nu ute:// Place: NPS Lite- Collection Centre (NL-CC) Registration Number:	umber:
INSTRUCTIONS FOR FILLING THE FORM	
a) Form to be filled legibly in BLOCK LETTERS (English only) and in BLACK INK only. Please fill the form in le in your application processing. Please do not overwrite. Corrections should be made by canceling and re-writing signed by the applicant. b) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a be the subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affit of Signature /Thumb impression (LTI in case of males and RTI in case of females) should only be within the box should not sign across the photograph. If there is any mark on the photograph which hinders the clear visibility application shall not be accepted. e) The application is liable to be rejected if the mandatory fields are left blank or the application is incomplete. f) The subscriber's thumb impression should be verified by the designated officer of the Aggregator accepting the form. Investments would be made as per the Investment norms prescribed for Central Government Employees, through subscribers h) Subscriber also has option to select scheme applicable to Central Government Employees (mandatorily covered across three PFMs (SBI, UTI, LIC) in the ratio decided by NPS Trust/PFRDA. i) Subscriber's Nomination Details Percentage Share: 1) Subscriber cannot fill the same nominee details more than once. 3) Percentage share value for all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be reject Nominee's Guardian Details: 5) If a nominee is a minor, then nominee's guardian details shall be mandatory. GENERAL INFORMATION FOR SUBSCRIBERS a) The Subscriber can obtain the status of his/her application from the respective Aggregator. b) For more information — Visit us at http://www.npscra.nsdl.co.in or Call us at 022-24994200 or	and such corrections should be counter- plank box after each word. The photograph should not be stapled or ixed on the form.) provided in the form. The subscriber of the face of the subscriber, the gh the Pension Fund Manager selected by d under NPS). The i nvestment is made ted. us at info.cra@nsdl.co.in or write to Cent

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Details for printin (* indicates Mandate		di (please provide the details in Devnagri script):
Please note that the m date of birth will be p	nanner in which the names a printed in English only.	are provided in this annexure will be displayed on the PRAN card. However
Subscriber's Full N	Name:	
First Name *	:	
Middle Name	:	
Last Name	:	
Father's Full Name	e:	
First Name *	:	
Middle Name	:	
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		Impression of the subscriber
		Name of the subscriber: