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

okqa

SUBSCRIBER REGISTRATION FORM

To The Branch Manager/Officer In Charge, Branch, 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:										
* In	* Indicates mandatory fields. Please fill the form in English and BLOCK letters									
1.	BANK DETAILS:									1
	Bank A/c Number*									
	Bank Name*					Bank	Branch*			
2.	PERSONAL DETAILS	S:								
	Name of Applicant in Full Name*	n full* S	hri Smt.	Ku	imari					
	Date of Birth*	d d / m m	I y y y y	Age		Mobile No				
	Email ID					Aadhaar	*			
	Married Y	/es No	If married , spou	se name is m	andatory. S	pouse will be	the default	nominee un	der APY.	
	Name of Spouse					Aadhaa	r			
	Nominee's Name*					Aadhaa	r			
	Nominee's relationship									
	Additional Details in									
		d d / m m	/ y y y y							
	Guardian's Name*	• ·· · · ·								
	Whether beneficiary of	-	ocial security scheme		No					
	Whether Income Tax	2		Yes	No No					
	Is FATCA/CRS* applicable \$ Yes No \$ \$ FATCA/CRS is applicable for US Persons/Tax Residents other than India. FATCA/CRS Declaration Form needs to be submitted if you are an US person or your Country of Birth / Country of Citizenship / Country of Residence for Tax Purpose is a country other than India.						Country of			
3.										
	Frequency of Contribution	on (Please tick($$)) *	Monthly		Quar	rtorly		Half Yea	arly	
	Pension Amount (Plea		,		1	·	4000			
			1000	2000	-	000 o debit my abov	4000 e mentioned b	ank account till	5000 the age of 60 fe	or making
	(in Rs.) payment under APY as applicable based on my age and the Pension Amount selected by me. I									
	(To be filled by the Bank) responsible. I also undertake 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.										
Da Pla		m I y y y	orginatur	e/Thumb Imp ise of male an						
	ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)									
(To be filled by the Bank) Name of the Subscriber:										
PRAN Number										
Guaranteed Pension Amount Periodicity of Contribution										
Contribution Amount under APY (in Rs.)										
Name of the Bank:										
-	ank Branch:									
	eceiving Officer's Name					~	town and O		he Denk	
	ate of Receipt of Applica						•	ignature of tl		
*Atal provis Aadh	Pension Yojana has now la sions of the act, any indivi aar authentication. All new	been included under idual who is eligible v APY registrations w	the Section 7 of the Aac to receive benefits unde rill have to comply with the	Ihaar (Targeted r the scheme wi ne above directiv	Delivery of Fir II have to furn /es.	nancial and Othe ish proof of pos	er Subsidies, B session of Aac	enefits and Sei Ihaar number o	rvices) Act 201 or undergo enro	 As per the lment under

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 or	f the following:				
1	1 Country of:					
a)	Birth					
b)	Citizenship					
c)	Residence for Tax Purposes					
2	US Person (Yes / No)					
Part	II- Please note:					
	If in all fields above, the country me person status, please proceed to Part I	entioned by you is India and if you do not have US II for signature.				
]		try mentioned by you is not India and/or if your US the the Tax Payer Identification Number (TIN) or specific country in the table below:				
i)	TIN					
	Country of Issue					
ii)	TIN					
	Country of Issue					
iii)	TIN					
	Country of Issue					
		rt I indicates that you are a US person or a person pose 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-	Certifi	ication
Part	IV-	Self-	Certifi	ication

To be filled only if-

(a)	Name of the country in Part I is oth	er than In	ndia and T	TIN or functi	onal 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 resident for Tax purpose in a other than India, though on parameters suggest my relation country outside India. There providing the following docume of my citizenship and residency in	any country e or more n with the fore, I am ent as proof	Signature		
Document Proof submitted (Pls tick document being submitted)				
Passport	_ Election Id C	Card DAN Card		
Driving License UIDAI Le		r 🗌 NREGA Job Card		
Govt. Issued ID Card				