ATAL PENSIO	N YO.	JANA ((APY)	
ATAL PENSION YOJANA (APY) (Administered by Pension Fund Regulatory and Development Authority)				
SUBSCRIBER REGISTRATION FORM				

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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	dicates mandatory f	fields. Please fill the form in English and BLOCK letters			
1.	BANK DETAILS:				
	Bank A/c Number*				
	Bank Name*	Bank Branch*			
2.	PERSONAL DETAIL	ILS:			
	Name of Applicant i				
	Full Name*				
	Date of Birth*	d I m m I y y y Age Mobile No Image: Comparison of the second seco			
	Email ID	Aadhaar*			
	Married	Yes No If married , spouse name is mandatory. Spouse will be the default nominee un	der APY.		
	Name of Spouse	Aadhaar			
	Nominee's Name*	Aadhaar			
	Nominee's relationsh	hip with the subscriber			
	Additional Details in	in case nominee is a Minor			
	Date of Birth*	d d I m m I y y y y			
	Guardian's Name*				
	Whether beneficiary	y of other statutory social security schemes Yes No			
	Whether Income Tax	ax Payer Yes No			
	Is FATCA/CRS* appli	blicable \$ Yes No			
		cable for US Persons/Tax Residents other than India. FATCA/CRS Declaration Form needs to be submitted if you are an US enship / Country of Residence for Tax Purpose is a country other than India.	person or your Country of		
3.	PENSION DETAILS	3			
	Frequency of Contribut	ution (Please tick($$)) * Monthly Quarterly Half Yea	arly		
	Pension Amount (Ple	Please tick($$)) * 1000 2000 3000 4000	5000		
	Contributior	on Amount I hereby authorize the bank to debit my above mentioned bank account till	the age of 60 for making		
	(in R	ine transaction is delayed or not effected at all for insufficient balance. I			
	(To be filled by	by the Bank) responsible. I also undertake to deposit the additional amount together with o	overdue interest thereon.		
I me dec info or c sch I he Aac my	eet the prescribed eligibil lare that the information f rmation furnished by me. locuments. I have read/be eme as approved by PFR reby authorize PFRDA to lhaar (Targeted Delivery of information submitted to l	zation by all subscribers bility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereb is furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the bank of e. Further, I do not hold any pre-existing account under APY. I understand that I shall be fully liable for submission of any fals been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provise TRDA/Govt. of India. to use my Aadhaar details for APY and authenticate my identity through the Aadhaar Authentication system in accordance of Financial and other subsidies, Benefits and Services) Act, 2016 and rules and regulations notified thereunder. I have been to PFRDA herewith shall not be used for any other purpose other than mentioned above, or as per requirement of law. h m / y y y y y y x Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)	any change in the above se or incorrect information sion of services under the with the provisions of the		
	AC	CKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY	7)		
N 1		(To be filled by the Bank)	I		
	me of the Subscriber:				
PRAN Number					
Guaranteed Pension Amount Periodicity of Contribution					
	Contribu	bution Amount under APY (in Rs.)			
N	ame of the Bank:				
Ba	ank Branch:				
R	eceiving Officer's Nam	me:			
D	ate of Receipt of Appli	lication: Stamp and Signature of the Stamp and Stamp and Signature of the Stamp and Sta	he Bank		
*Atal	Pension Yojana has now	w been included under the Section 7 of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Se	rvices) Act 2016. As per the		
provi Aadh	sions of the act, any individent authentication. All ne	w been included under the Section 7 of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Ser dividual who is eligible to receive benefits under the scheme will have to furnish proof of possession of Aadhaar number o new APY registrations will have to comply with the above directives.	a undergo enroiment 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 of the following:			
1	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	Ĩ	
	Country of Issue		
ii)	TIN		
	Country of Issue		
iii)	TIN		
	Country of Issue		
		<u> </u>	
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) :	

To be filled only if-

- (a) Name of the country in Part I is other than India and TIN 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		PAN Card	
Driving License	UIDAI Letter		NREGA Job Card	
Govt. Issued ID Card				