NATIONAL PENSION SYSTEM (NPS)

KFin Technologies Private Limited

Request For Change/Correction in Subscriber Master details And/Or Reissueof PRAN Card

[To avoid mistake(s), please read the accompanying instructions carefully before filling up the form]

For POP-SP/DDO/NL-CC use:

Registration No. _____

Date of Receipt: _____

Signature and Stamp of POP-SP/DDO/NL-CC

For POP/POP-SP/PAO/DTO/DTA/PrAO/ NL-AO/NL-OO use:

Registration No.: _____

Date of Receipt : _____ POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/ NL-OO Stamp:

Entered By : _____ Date: _____

Verified By: _____ Date: _____

Receipt No.: *(Mandatory for POP/POP-SP)*

Acknowledgement No.

(To be filled by Nodal Office as generated by CRA system)

I hereby request for the following details for the change (Please tick). *[In case of change/correction in employment details, please contact your employer/Nodal Office.]*

A) Change or Correction in Subscriber Master Details ☐ **B) Reissue of PRAN Card** ☐

C) Employment Details ☐

Permanent Retirement Account Number *:

I hereby submit the following details of change. ***[Please tick (✓) the box on left margin of appropriate row where change/correction is required and provide the details in the corresponding rows.]***

Section A – Change or Correction in Subscriber Master Details (* Indicates Mandatory Field)

☐ **1. PERSONAL DETAILS:** (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full Shri ☐ Smt. ☐ Kumari ☐

First Name*

Middle Name

Last Name

Subscriber's Maiden Name

Father's Full Name:

First Name

Middle Name

Last Name

Mother's Full Name:

First Name

Middle Name

Last Name

Date of Birth d d / m m / y y y y

(Date of Birth should be supported by relevant documentary proof. Nodal Office shall verify the same before updating details in the CRA system.)

Would you like to re-issue PRAN card in case of change in details pertaining to Subscriber's Name, Father's/Mother's Name or Date of Birth *(This will be charged to Subscriber/employer by CRA):* Yes ☐ No ☐

Gender Male ☐ Female ☐ Others ☐

Marital Status Married ☐ Unmarried ☐ Others ☐

Spouse Name (Refer Sr. No. 1 of instructions) First Middle Last

CKYC Number Generated from Central KYC Registry. Submission of proof for the same is necessary.

Retirement Adviser Code

KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

☐ **2. PROOF OF IDENTITY (PoI)** (Any one of the documents need to be provided along with the identification number)

Passport Passport Expiry Date d d / m m / y y y y

Voter ID Card PAN Card

Driving License Driving License Expiry Date d d / m m / y y y y

NREGA JOB Card

Others Name of the ID Number Please refer Sr. No. 2 of the instructions.

UID (Aadhaar)

☐ *I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.*

3. PROOF OF ADDRESS (PoA)	Correspondence Address	Permanent Address
[Please tick (✓), as applicable] # Not more than 3 months old. Please refer Sr. No. 2 of the instructions	Passport /Driving License/UID (Aadhaar)/Voter ID card/ NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/ NREGA Job Card/Ration Card/Others
	Registered Lease/Sale agreement of residence	Registered Lease/Sale agreement of residence
	#Latest Gas/Electricity/Telephone[Landline] Bill	#Latest Gas/Electricity/Telephone[Landline] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS

Address Type* Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified ☐

Flat/Room/Door/Block no. Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District PIN Code

State/U.T. Country

4.2 PERMANENT ADDRESS DETAILS ☐ [Tick (✓) in the box in case the address is same as above.]

Address Type* Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified ☐

Flat/Room/Door/Block no. Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

City/Town/District PIN Code

State/U.T. Country

5. CONTACT DETAILS

Tel. (Off)(with STD code) + Tel. (Res) (with STD code) +

Mobile + 9 1 (Mobile Number is required for communication and to get SMS alerts)

Email ID

Value Added Service i) SMS Alert Yes ☐ No ☐ ii) Email Alert: Yes ☐ No ☐

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

- Occupation Details [please tick(✓)]

  Private Sector ☐ Public Sector ☐ Government Sector ☐ Professional ☐

  Self Employed ☐ Homemaker ☐ Student ☐ Others (Please Specify) ☐
- Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 lac ☐ 5 lac to 10 lac ☐ 10 lac to 25 lac ☐ 25 lac and above ☐
- Educational Qualifications Below SSC ☐ SSC ☐ HSC ☐ Graduate ☐ Masters ☐ Professionals (CA, CS, CMA, etc.) ☐
- Please Tick If Applicable Politically exposed person ☐ Related to Politically exposed Person ☐ (Please refer instruction no.3)

7. SUBSCRIBER BANK DETAILS (Please refer to Sr no. 4 of the instructions) [All bank details are mandatory except MICR Code.]

You want to change Bank details of: Tier I ☐ **Tier II** ☐

(In case you want to change bank details in both Tier I & Tier II Account, tick both check box)

Tier I Account :

Savings A/c ☐ Current A/c ☐

Bank A/c Number

Bank Name

Branch Name

Branch Address PIN Code

State/U.T. Country

Bank MICR Code IFS Code

Tier II Account: If same as above for Tier I Yes ☐ else,

Savings A/c ☐ Current A/c ☐

Bank A/c Number

Bank Name

Branch Name

Branch Address PIN Code

State/U.T. Country

Bank MICR Code IFS Code

☐ **8. SUBSCRIBERS NOMINATION DETAILS** (Please refer to Sr. No . 5 of the instructions)

I want to change Nomination details of : Tier I ☐ **Tier II** ☐

(In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)

Tier I Account :

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Additional Nomination Form provided on page no. 5 & 6 separately.)

First Name	Middle Name	Last Name

Relationship with the Nominee ☐ Date of Birth (In case of Minor) d d / m m / y y y y

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name

Tier II Account : If same as above for Tier I Yes ☐ else,

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on pages 5 & 6 separately)

First Name	Middle Name	Last Name

Relationship with the Nominee ☐ Date of Birth (In case of Minor) d d / m m / y y y y

Nominee's Guardian Details (in case of a minor)

First Name	Middle Name	Last Name

☐ **9. DECLARATION ON FATCA (Foreign Account Tax Compliance Act) COMPLIANCE** (Please refer to Sr no. 6 of the instructions):

Section I*

US Person* Yes ☐ No ☐

Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residency if more than one):

Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
Address in the jurisdiction for Tax Residence	Address Line 1			
	City/Town/Village			
	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional equivalent Number				
TIN/ Functional equivalent Number Issuing Country				
Validity of documentary evidence provided (Wherever applicable)		dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy

"I certify that:

a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,

b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.

c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries 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.

d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,

e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.

f) I hereby accept and acknowledge that the 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 to the NPS Trust

g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date d d / m m / y y y y

Place :

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of female)

Name of subscriber

☐ **Section B – Request for Reissue of PRAN card.**

Reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

I _____, the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Date : d d / m m / y y y y	Signature/Thumb Impression* of the Subscriber

☐ **Section C – Employment Details**

1. GOVERNMENT SECTOR (Subscribers Employment Details to be filled and attested by the Dept.)

Date of Joining d d / m m / y y y y Date of Retirement d d / m m / y y y y

Employee Code/ID (If applicable)

PPAN (If applicable)

Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.

Group of Employee (Tick as applicable) Group A ☐ Group B ☐ Group C ☐ Group D ☐

Office

Department

Ministry

Basic Pay

Pay Scale

It is certified that the employment details provided above by _____ employed with us, are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/ CDDO/DTA/PrAO (In the box above)
Designation of the Authorised Person		Designation of the Authorised Person	
DDO Registration Number		DTO/PAO/CDDO/DTA/PrAO Registration Number	
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO	
Dept/Ministry		Date d d / m m / y y y y	

2. CORPORATE SECTOR (Subscribers Employment Details to be filled and attested by Corporate.)

Date of Joining d d / m m / y y y y Date of Retirement d d / m m / y y y y

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

It is certified that the employment details provided above by _____ employed with us, are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Date d d / m m / y y y y Place

Signature of the Authorised person (In the box above)	
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)

To be filled by POP / POP-SP

KYC Compliance : Yes ☐

KYC document accepted for identify proof : _____

KYC document accepted for address proof : _____

Copy of PAN card submitted : Yes ☐ No ☐

PAN Compliance : Yes ☐

	Signature of Authorized Signatory
POP / POP-SP Seal	Name : _____ Place : _____ Designation : _____ Date : d d / m m / y y y y

ADDITIONAL NOMINATION FORM

INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee

3. Date of Birth* (Only in case of a minor):

1st Nominee	2nd Nominee	3rd Nominee
d d / m m / y y y y	d d / m m / y y y y	d d / m m / y y y y

4. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee

5. Percentage Share:

1st Nominee	2nd Nominee	3rd Nominee
%	%	%

6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

Dated this _____ day of _____ 20 at _____

Signature/ Thumb Impression* of the Subscriber

***Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.**

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms._____ _____ after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person

POP-SP/DDO/NL-CC Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person :_____

POP-SP/DDO/NL-CC Office Name :_____

Date | d | d | / | m | m | / | y | y | y | y |

TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number (Allotted by CRA): _____
Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	Signature of the Authorised Person

Annexure - S2

INSTRUCTIONS FOR FILLING THE FORM

General Guidelines

(a) This form is to be used for the purpose of change/correction in subscriber master details, reissue of PRAN card or employment details.
(b) The form is to be submitted at the Nodal Office for carrying out the necessary changes
(c) Please tick the box on the left margin of appropriate row where change/correction is required' and provide the details in the corresponding row. Please strike o ffthe remaining blank rows for which no change is requested.
(d) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
(e) Details Marked with (*) are the mandatory fields. Mention 12 digits PRAN correctly.
(f) All Dates Should be in "DDMMYYYY" Format

<table>
<tr><th>S. No</th><th>Item No.</th><th>Item Details</th><th colspan="4">Instructions</th></tr>
<tr><td>1</td><td>1</td><td>Spouse Name</td><td colspan="4">If married, spouse name is mandatory.</td></tr>
<tr><td rowspan="2">2</td><td rowspan="2">2, 3 & 4</td><td rowspan="2">Identity, Correspondence & Permanent address details</td><td>S.No</td><td>Proof of Identity (Copy of any one)</td><td>S.No</td><td>Proof of Address (Copy of any one)</td></tr>
<tr><td colspan="4">
<table>
<tr><td>1</td><td>Passport issued by Government of India.</td><td>1</td><td>Passport issued by Government of India</td></tr>
<tr><td>2</td><td>Ration card with photograph.</td><td>2</td><td>Ration card with photograph and residential address</td></tr>
<tr><td>3</td><td>Bank Pass book or certificate with Photograph.</td><td>3</td><td>Bank Pass book or certificate with photograph and residential address</td></tr>
<tr><td>4</td><td>Certificate of the POP bank for an existing Bank customer.</td><td>4</td><td>Certificate of the POP bank for an existing Bank customer.</td></tr>
<tr><td>5</td><td>Voters Identity card with photograph and residential address.</td><td>5</td><td>Voters Identity card with photograph and residential address</td></tr>
<tr><td>6</td><td>Valid Driving license with photograph</td><td>6</td><td>Valid Driving license with photograph and residential address</td></tr>
<tr><td>7</td><td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td><td>7</td><td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td></tr>
<tr><td>8</td><td>PAN Card issued by Income tax department</td><td>8</td><td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td></tr>
<tr><td>9</td><td>Aadhar Card / letter issued by Unique Identification Authority of India</td><td>9</td><td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td></tr>
<tr><td>10</td><td>Job cards issued by NREGA duly signed by an officer of the State Government</td><td>10</td><td>Job cards issued by NREGA duly signed by an officer of the State Government</td></tr>
<tr><td>11</td><td>Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.</td><td>11</td><td>The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.</td></tr>
<tr><td>12</td><td>Photo. Identity Card issued by Defence, Paramilitary and Police department's</td><td>12</td><td>Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)</td></tr>
<tr><td>13</td><td>Ex-Service Man Card issued by Ministry of Defence to their employees.</td><td>13</td><td>Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)</td></tr>
<tr><td>14</td><td>Photo Credit card.</td><td>14</td><td>Latest Property/house Tax receipt (not more than one year old)</td></tr>
<tr><td></td><td></td><td>15</td><td>Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)</td></tr>
</table>
</td></tr>
<tr><td></td><td></td><td></td><td colspan="4">Note:
(i) I f the address on the document submitted for identity proof is same as that declared by subscriber in the form, the document may be accepted as a valid proof of both identity and address.
(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.</td></tr>
<tr><td>3</td><td>6</td><td>Politically Exposed Person</td><td colspan="4">Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.</td></tr>
<tr><td>4</td><td>7</td><td>Subscriber's Bank Details</td><td colspan="4">In case, subscriber provides bank details, it should be supported by cancelled cheque.
Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.</td></tr>
<tr><td>5</td><td>8</td><td>Subscriber's Nomination Details</td><td colspan="4">In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.</td></tr>
<tr><td>6</td><td>10</td><td>Declaration by subscriber on FATCA Compliance</td><td colspan="4">Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India
• Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.
• T ax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)
• If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)
• In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided</td></tr>
</table>

General Information for Subscribers

a) The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application.
c) For more information, contact CRA:

Website: https://nps.kfintech.com
Call: 1800 208 1516
Address KFin Technologies Private Limited
Selenium Tower-B, Plot No. 31 & 32, Gachibowli,
Financial District, Nanakramguda,Serilingampally,
Hyderabad – 500032,Telangana, India