

NATIONAL PENSION SYSTEM (NPS)

SUBSCRIBER REGISTRATION FORM - KARVY COMPUTERSHARE PVT. LTD.

Affix recent colour photograph of 3.5 cm X 2.5 cm size

To, Please Select your Category [Please tick(✓)]	All Citizen Model <input type="checkbox"/>	Corporate Sector <input type="checkbox"/>	Government Sector <input type="checkbox"/>
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National Pension System Trust.

Dear Sir/Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

1. PERSONAL DETAILS:

Name of Applicant in full	Shri <input type="checkbox"/>	Smt. <input type="checkbox"/>	Kumari <input type="checkbox"/>
First Name*			
Middle Name			
Last Name			
Date of Birth*	<div> <div>d d / m m / y y y y</div> <div>(Date of Birth should be supported by relevant documentary proof)</div> </div>		
Gender* [Please tick (✓)]	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>
Father's Name*	<div>F i r s t M i d d l e L a s t</div> <div>(Refer Sr. No. 1 of instructions)</div>		

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

Passport								PAN Card													
Voter ID Card								NREGA JOB Card													
Driving License																					
UID (Aadhaar)																					
Others	Name of the ID						I D	N u m b e r											Please refer Sr. No. 2 of the instructions.		

3. CORRESPONDENCE ADDRESS DETAILS*

[illegible]

4 PERMANENT ADDRESS DETAILS*

[illegible]

5. CONTACT DETAILS

[illegible]

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

Occupation Details [please tick(✓)]												
Private Sector	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	Government Sector	<input type="checkbox"/>	Business	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	
Self Employed	<input type="checkbox"/>	Homemaker	<input type="checkbox"/>	Student	<input type="checkbox"/>	Other (please specify)	<input type="text"/>					
Income Range (per annum)	Upto 1 lac	<input type="checkbox"/>	1 lac to 5 lac	<input type="checkbox"/>	5 lac to 10 lac	<input type="checkbox"/>	10 lac to 25 lac	<input type="checkbox"/>	25 lac and above	<input type="checkbox"/>		
Educational Qualifications	Below SSC	<input type="checkbox"/>	SSC	<input type="checkbox"/>	HSC	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	Masters	<input type="checkbox"/>	Professionals (CA, CS, CMA, etc.)	<input type="checkbox"/>
Please Tick If Applicable	Politically Exposed Person				<input type="checkbox"/>	Related to Politically Exposed Person				<input type="checkbox"/>		
(Please refer instruction no.3)												

7. SUBSCRIBER BANK DETAILS

(Please refer to Sr no. 4 of the instructions)

Account Type [please tick(✓)]

Saving A/c

Current A/c

Bank A/c Number

Bank Name

Branch Name

Branch Address

Bank MICR Code

PIN Code

State/U.T.

Country

IFS Code

8. SUBSCRIBERS NOMINATION DETAILS*

(Please refer to Sr. No . 5 of the instructions)

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)

First Name

Middle Name

Last Name

Relationship with the Nominee

Date of Birth (In case of Minor)

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

First Name

Middle Name

Last Name

9. NPS OPTION DETAILS

(Please tick (✓) as applicable)

I would like to subscribe for Tier II Account also

YES

NO

If yes, please submit details in Annexure I.

I would like my PRAN to be printed in Hindi

YES

NO

If Yes, please submit details on Annexure II

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*

(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:

(a) Government Sector: For Government subscribers the following Pfs act as default Pfs as per the guidelines issued by the Government:

(I) LIC Pension Fund Limited

(II) SBI Pension Fund Pvt. Limited

(III) UTI Retirement Solutions Ltd.

(b) All Citizen Model: Subscribers under All Citizen model has the option to choose one of the available PFs as per their choice in the table below.

(c) Corporate Model: Subscribers shall have the option to choose one of the available PFs as per the below table in consultation with their respective Employer.

Name of the Pension Fund	Please Tick (✓)	Available to Government Sector	Available to All Citizen model*	Available to Corporate model*
LIC Pension Fund Limited				
SBI Pension Funds Private Limited				
UTI Retirement Solutions Limited				
ICICI Prudential Pension Funds Management Company Limited				
Kotak Mahindra Pension Fund Limited				
Reliance Capital Pension Fund Limited				
HDFC Pension Management Company Limited				
Birla Sunlife Pension Management Limited				

* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

(ii) INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)

(Please Tick (✓) in the box given below showing your investment option).

Active Choice

Auto Choice

For details on Auto Choice, please refer to the Offer Document. Please note:

1. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).

2. In case you have opted for Auto Choice and fill up section III below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice.

(iii) ASSET ALLOCATION (to be filled up only in case you have selected the 'Active Choice' investment option)

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total
Specify %					

Note:

1. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

2. Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.

(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)Funds	Please tick
LC 75	
LC 50	
LC 25	

Note:

1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset

2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset

3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset

11. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 6 of the instructions)

Declaration & Authorization by all Subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents. I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date

Place :

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

KCRA030-1.1

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KARVYcomputershare

12. Self-Certification for Individual - FATCA/CRS Declaration Form*

Name of Subscriber:

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 USperson 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 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-Certification

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
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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

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted (Rs):

NPS Contribution Instruction Slip (NCIS) to be filled by subscriber*

Date of Receipt of Application and Contribution Amount:

d

d

/

m

m

/

y

y

y

y

Stamp and Signature of the Employer/PoP:

13. DECLARATION BY EMPLOYER/POP

Applicable to Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt.(All Details are Mandatory)

Date of Joining	<div><div>d</div><div>d</div><div>/</div><div>m</div><div>m</div><div>/</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	Date of Retirement	<div><div>d</div><div>d</div><div>/</div><div>m</div><div>m</div><div>/</div><div>y</div><div>y</div><div>y</div><div>y</div></div>						
Employee Code/ID	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Group of Employee (Tick as applicable)	Group A	<input type="checkbox"/>	Group B	<input type="checkbox"/>	Group C	<input type="checkbox"/>	Group D	<input type="checkbox"/>	
Office	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Department	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Ministry	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
DDO Registration Number	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
DTO/PAO/CDDO/DTA/PrAO Registration Number	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>				Basic Pay	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
Pay Scale	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								

It is certified that the details provided in this subscriber registration form by _____ employed with us, including the address and employment details provided above 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.

<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
Signature of the Authorised person (In the box above)		Rubber Stamp of the DDO (In the box above)	
Designation of the Authorised Person		Designation of the Authorised Person	
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO	
Deptt/Ministry		Date	
		<div><div>d</div><div>d</div><div>/</div><div>m</div><div>m</div><div>/</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining	<div><div>d</div><div>d</div><div>/</div><div>m</div><div>m</div><div>/</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	Date of Retirement	<div><div>d</div><div>d</div><div>/</div><div>m</div><div>m</div><div>/</div><div>y</div><div>y</div><div>y</div><div>y</div></div>
Employee ID	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
Corporate Regd. No Allotted by CRA	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
CBO No. allotted by CRA	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
Certified that the details provided in this subscriber registration form by _____ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.			

Date	<div><div>d</div><div>d</div><div>/</div><div>m</div><div>m</div><div>/</div><div>y</div><div>y</div><div>y</div><div>y</div></div>	Place	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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Signature of the Authorised Person (In the box above)		Rubber Stamp of the Corporate (In the box above)	
Designation of the Authorised Person			

To be filled by POP-SP (Only in case of All Citizen Model or Corporate subscribers)

Receipt No. (17 digits)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	POP-SP Registration Number	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>						
Document accepted for date of Birth Proof:	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Copy of PAN card submitted	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	KYC Compliance	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Existing Bank Customer:
I/we hereby certify/confirm that Shri/Smt/Kumari.....is an existing customer of the Bank having fully operative Saving Bank account noat..... branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S.B. a/c of Shri/Smt/Kumariis not a 'Basic Savings Bank Deposit Account'

Adhaar Based KYC Certificate:
I/we hereby certify that Aadhaar Numberof Shri/Smt/Kumari.....has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

To be filled by POP-SP		Name:	
		Designation:	Place:
POP-SP Seal	Signature of Authorized Signatory	Date	<div><div>d</div><div>d</div><div>/</div><div>m</div><div>m</div><div>/</div><div>y</div><div>y</div><div>y</div><div>y</div></div>

[To be filled by CRA-BRANCH]

Received by	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	CRA-BRANCH Registration Number	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Received at	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	Date	<div><div>d</div><div>d</div><div>/</div><div>m</div><div>m</div><div>/</div><div>y</div><div>y</div><div>y</div><div>y</div></div>
Acknowledgement Number (by CRA-BRANCH)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
PRAN Alloted	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) In case, you mention the KYC number submission of proof for the same is necessary.
- (c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back
- (d) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The subscriber's thumb's impression should be verified by the DDO/PAO/DTO/ designated officer of POP-SP.
- (h) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website <https://kcra.karvy.com>

S. No	Item No.	Item Details	Instructions			
1	1	Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.			
		Father's Name	i. If father's name has more than 30 digits, you may fill Annexure II for the same. ii. If the applicant wants mother's name to be printed instead of Father's name on PRAN Card, he/she can fill Annexure II			
2	2, 3 & 4	Identity, Correspondence & Permanent address details	S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)
			1	Passport issued by Government of India.	1	Passport issued by Government of India
			2	Ration card with photograph.	2	Ration card with photograph and residential address
			3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address
			4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.
			5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address
			6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address
			7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	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.
			8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
			9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
			10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
			11	Identity card issued by Central/State government and its Departments, statutory/ 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.	11	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.
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)
					15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)
3	6	Other Details (Occupation Details)	An NRI subscriber would need to furnish an Indian address for communication and bank details within India. Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.			
		Politically Exposed Person	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.			
4	7	Subscriber's Bank Details	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. 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.			
5	8	Subscriber's Nomination Details	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.			
6	11	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of female.			
7	12	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India <ul style="list-style-type: none">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.Tax 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)			

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:
Website: <https://kcra.karvy.com>
email : kcra@karvy.com
Subscriber's Toll free number - 1800 208 1516
Address: Karvy Selenium, Tower- B, Plot No 31 & 32, Financial district, Nanakramguda, Serilingampally Mandal, Hyderabad, Telangana - 500032