

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

SUBSCRIBER REGISTRATION FORM

Dear	e Branch Manager/Officer In C Sir/Madam, by request that an APY accour				nch, er Nationa	al Pens	sion Sy	/stem	(NPS)	as pe	r the	partic	ulars	giver	n belo		nk/De	pt. of	Post
* Inc	dicates mandatory fields. Ple	ase fill the fo	rm in Er	nglish ar	nd BLOC	K lette	ers												
1.	BANK DETAILS:																		
	Bank A/c Number*																		
	Bank Name*									Bank	Brar	nch*							
2.	PERSONAL DETAILS:																		
	Name of Applicant in full* Full Name*	Shri		Smt.		Kun	nari												
	Date of Birth*	m m 1	у у у	у	Age				Mobile	No No									
	Email ID								Aa	adhaar	*								
	Married Yes	No	f marrie	d , spou	se name	is ma	ndato	ry. Sp	ouse	will be	the	defau	lt no	mine	e un	der A	PY.		
	Name of Spouse								Α	adhaa	r								
	Nominee's Name*								Α	adhaa	r								
	Nominee's relationship with the	subscriber																	
	Additional Details in case no	minee is a N	linor																
	Date of Birth*	m m 1	у у у	у															
	Guardian's Name*																		
					Yes	.	No]										
	Whether Income Tax Payer				Yes		No]										
	Is FATCA/CRS* applicable \$				Yes		No												
	\$ FATCA/CRS is applicable for US I Birth / Country of Citizenship / Cour								orm ne	eas to	be sui	omitted	і іт уоі	u are a	an US	persoi	1 or you	ır Col	untry of
3.	PENSION DETAILS																		
	Frequency of Contribution (Please	e tick(√)) *	onthly					Quarte	erly					Ha	If Yea	ırlv			
	Pension Amount (Please tick(,	000	1	2000			300				4000	<u> </u>	7		500)n	<u>'</u>	
	Contribution Amount	'//	J00		I hereby	authoriz	ze the b			y abov	e men			accou	ınt till			 for ma	aking
	(in Rs.)				payment the trans	under /	APY as	applica	able ba	sed on	my a	ige and	d the	Pensi	on An	nount s		d by r	ne. If
	(To be filled by the Bank)			responsi														
Dec	laration & Authorization by a	II subscribe	'S																
decla inform or do sche I her Aadh my in		y me is true and o not hold any hed and have u of India. adhaar details f and other substewith shall not	d correct, to corr	o the best g account the APY of d authenti efits and S or any other	t of my knot under AP' under AP' guidelines. icate my icate my icate purpose	owledge Y. I und I furthe dentity that, 2016 e other the	e and be lerstander agree hrough 3 and ru han me	elief. I ud that I is to be to be the Aarules and entioned	underta shall be bound dhaar A d regula d above	ke to in e fully lia by the statement Authent ations n e, or as	nmedi able fo erms ication otified	ately in or subnand co and co syste	nform nissio ondition m in a under.	the ban of an ons of accordance	ank of ny fals provis dance	any chain and ch	nange in correct service ne provi	n the inforr s und	above mation der the
Pla	ce		(*	∟iiin ca	ise of ma	ie and	KIIIN	case	oi tem	iaie)									
	ACKNOWL	EDGEMEN	T - SUB	SCRIBI	ER REG	ISTR	ATIOI	N FOF	R ATA	L PE	NSIC	ON Y	ŌJÁ	NA (APY)			
					o be fille									•		•			
Nan	ne of the Subscriber:																		
PRA	N Number																		
Gua	ranteed Pension Amount						Perio	dicity o	of Con	tributio	on								
	Contribution Amo	ount under A	PY (in R	s.)															
Na	me of the Bank:																		
Ва	nk Branch:																		
	's Name:																		
Da	te of Receipt of Application:									S	tamp	and	Sign	ature	of th	ne Ba	nk		

*Atal Pension Yojana has now been included under the Section 7 of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act 2016. As per the provisions of the act, any individual who is eligible to receive benefits under the scheme will have to furnish proof of possession of Aadhaar number or undergo enrolment under Aadhaar authentication. All new APY registrations will have to comply with the above directives.

Self-Certification for Individual - FATCA/CRS Declaration Form

Name of Subscriber:

Permanent Retirement Account Number (PRAN):

Dat	e of Birth:	
	FATCA/C	RS Declaration Form
Part	I- Please fill in the country for each or	f the following:
1	Country of:	
a)	Birth	
b)	Citizenship	
c)	Residence for Tax Purposes	
2	US Person (Yes / No)	
a.] b. i	person status, please proceed to Part I if for any of the above field, the coun	try mentioned by you is not India and/or if your US e the Tax Payer Identification Number (TIN) or
	Country of Issue	
ii)	TIN Country of Issue	
iii)	TIN	
	Country of Issue	
1	resident outside of India for tax pur	t I indicates that you are a US person or a person pose and you do not have Taxpayer Identification be complete and sign the Self-Certification section

b. In case you are declaring provide document evine reasons for				
Please also fill Part IV	Self-Certifica	tion.		
Part III- Customer Declarat	ion (Applicab	ole for all cust	omers)	
States of America including the Dis income of which thereof. (This claperson) 2. The applicant is a	i) an applicant a ("U.S.") or a trict of Colum is subject to U use is applicant an applicant tan is clause is ap	t taxable as a Uny state or polibia or any other. S. federal incomble only if the xable as a tax r	US person under the latical subdivision there is states of the U.S., (in ome tax regardless of account holder is identified the account holder is if the account holder.	eof or therein, i) an estate the the source entified as a US s of country
The NPS Trust is not the applicant. I/we slepticant. I/we sleptile (iii) I/We agree to submit this form becomes in (iv) I/We agree that as may also be required account. (v) I/We certify that I/we	as of the applied able to offer all seek advice it a new form accorrect. ay be required at to report, reprovide the	cant named ab r any tax advice r from profess within 30 day d by domestic r reportable deta information o	sove in compliance we can CRS or FATCA ional tax advisor for a s if any information of regulators/tax authorities to CBDT or clos	ith FATCA/CRS. A or its impact on my tax questions. Or certification on ies the NPS Trust e or suspend my
taxpayer identification (vi) I/We permit/authorist relating to the Account wherever situated in authorities in and/or any law or regulation (vii) I / We hereby accept	on number of the NPS Trust to the nt and all transcluding sharing outside India whether domand acknowless.	he applicant. o collect, store, sactions thereing, transfer an of any confidential of the confidence	communicate and pron, by NPS Trust and a disclosure between ential information for a.	ocess information ny of its affiliates them and to the compliance with ight and authority
confirming the information (viii) I/We shall indemnify providing incorrect of	NPS Trust fo	or any loss that		rust on account of
Signature :				
Name:				
Date (DD/MM/YYYY):				

To be filled only if-			
(a) Name of the country in Pa available, or	rt I is other than	India and TIN or funct	ional equivalent is not
(b) US person is mentioned as	Yes in Part I, an	nd TIN is not available	
I confirm that I am neither a U resident for Tax purpose in other than India, though parameters suggest my relacountry outside India. The providing the following docu of my citizenship and residence	n any country one or more tion with the erefore, I am iment as proof		Signature
Document Proof submitted (P	s tick document	t being submitted)	
☐ Passport	☐ Election Io	d Card	PAN Card
☐ Driving License	☐ UIDAI Le	etter	☐ NREGA Job Card
☐ Govt. Issued ID Card			

Part IV- Self-Certification:



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

REGISTRATION FORM FOR EXISTING SWAVALAMBAN YOJANA SUBSCRIBERS

Copy of PRA	AN card is required to be	under Swavalamban Yojana ale submitted alongwith this Form.							
		Charge, Br	anch,					Bank/[Dept. of Pos
Subscriber N					1 1 1				
`	dy allotted under Swav	valamban Yojana)*							
Dear Sir/Mad I wish to cont	tinue under APY	/ I wish to opt out of APY#	(If you w	sh to co	ontinue under A	PY, then p	rovide the	following	details)
1. BANK	DETAILS:					•			<u>, , , , , , , , , , , , , , , , , , , </u>
Bank A/	c Number*								
Bank N	ame*				Bank Bra	anch*			
2. PERSO	NAL DETAILS:								
Name o	of Applicant in full*	Shri Smt.	. Kumari						
Date of	_	/ m m / y y y y	Age		Mobile No				
Email IE					Aadhaar*				
Married	Yes	No If married , spo	use name is manda	tory. Sp	ouse will be the	default n	ominee un	der APY.	
Name o	f Spouse				Aadhaar				
	e's Name*				Aadhaar				
	e's relationship with th								
	nal Details in case no								
Date of		/ m m / y y y y							
Whethe	n's Name*	statutory social security schem	nes Voc I	lo [7				
	r Income Tax Payer	statutory social security scrien		lo]				
	A/CRS* applicable \$			lo	_]				
		US Persons/Tax Residents othery of Citizenship / Country of Res	er than India. FATCA/C	RS Decla			mitted if you	ı are an U	S person or
3. PENSIO	ON DETAILS								
Frequer	ncy of Contribution (Pleas	se tick(√)) * Monthly		Quart	erly		Half Yea	arly	
Pensio	n Amount (Please tick	(√)) * 1000	2000	30	00	4000		5000	
	Contribution Amount	í e	I hereby authorize the payment under APY	e bank to	debit my above me	entioned bank	c account till Pension Ar	the age of 6	60 for making
	(in Rs.) (To be filled by the Ban	ık)	the transaction is de responsible. I also un	layed or i	not effected at all f	or	balance, I	would not h	nold the bank
Declaration	a & Authorization by	all subscribers							
I meet the prideclare that the information full or documents scheme as an I hereby authonauth Aadhaar (Targ	escribed eligibility criteria he information furnished I irnished by me. Further, I s. I have read/been explai oproved by PFRDA/Govt. orize PFRDA to use my A geted Delivery of Financia	a for assistance under APY and I h by me is true and correct, to the be do not hold any pre-existing accourting ined and have understood the APY	est of my knowledge and nt under APY. I understary guidelines. I further ag nticate my identity throu I Services) Act, 2016 and	belief. I nand that I nee to be gh the Aa I rules and	undertake to immer shall be fully liable bound by the term dhaar Authentication d regulations notifie	diately inform for submission is and condition on system in the thereunder	n the bank of on of any fal- ons of provi- accordance r. I have bee	any chang se or incorre sion of serv with the pro	e in the above ect information ices under the ovisions of the
Date	d d / m m /	y y y y Signatu	re/Thumb Impression	on* of S	ubscribor				
Place			case of male and RTI						
# If you are	opting out of APY, you w	will continue to be part of Swavala	amban Yojana.						
-	ACKNOW	LEDGEMENT - SUBSCRIE			R ATAL PENS	ION YOJA	NA (APY	')	
	ı	((To be filled by the I	Bank)					
	e Subscriber:			1	1 1 1				
PRAN Num	ber								
Guaranteed	Pension Amount		Pe	riodicity	of Contribution				
	Contribution Am	nount under APY (in Rs.)							
Name of th	ne Bank:								
Bank Bran	ch:]					
Receiving	's Name:								
Date of Po	ceipt of Application:				Stam	p and Sigr	ature of t	ho Bank	

*Atal Pension Yojana has now been included under the Section 7 of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act 2016. As per the provisions of the act, any individual who is eligible to receive benefits under the scheme will have to furnish proof of possession of Aadhaar number or undergo enrolment under Aadhaar authentication. All new APY registrations will have to comply with the above directives.

Self-Certification for Individual - FATCA/CRS Declaration Form

Name of Subscriber:

	FATCA	/CRS Declaration Form
Part	t 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)	
	TT D1	
Part	t II- Please note:	
a.	If in all fields above, the country n	, , , , , , , , , , , , , , , , , , ,
a.	If in all fields above, the country n person status, please proceed to Part	t III for signature.
a. b.	If in all fields above, the country in person status, please proceed to Part if for any of the above field, the couperson status is Yes, please prov	III for signature. untry mentioned by you is not India and/or if your US ide the Tax Payer Identification Number (TIN) or
a. b.	If in all fields above, the country in person status, please proceed to Part if for any of the above field, the country in t	III for signature. untry mentioned by you is not India and/or if your US ide the Tax Payer Identification Number (TIN) or
a. b.	If in all fields above, the country in person status, please proceed to Part if for any of the above field, the couperson status is Yes, please prove functional equivalent as issued in the	III for signature. untry mentioned by you is not India and/or if your US ide the Tax Payer Identification Number (TIN) or
a. b.	If in all fields above, the country in person status, please proceed to Part if for any of the above field, the corperson status is Yes, please proving functional equivalent as issued in the TIN	III for signature. untry mentioned by you is not India and/or if your US ide the Tax Payer Identification Number (TIN) or
a. b. i)	If in all fields above, the country in person status, please proceed to Part if for any of the above field, the corperson status is Yes, please proving functional equivalent as issued in the TIN Country of Issue	III for signature. untry mentioned by you is not India and/or if your US ide the Tax Payer Identification Number (TIN) or
a. b. i)	If in all fields above, the country is person status, please proceed to Part if for any of the above field, the corperson status is Yes, please providunctional equivalent as issued in the TIN Country of Issue TIN	III for signature. untry mentioned by you is not India and/or if your US ide the Tax Payer Identification Number (TIN) or
a. b. i)	If in all fields above, the country in person status, please proceed to Part if for any of the above field, the corperson status is Yes, please proving functional equivalent as issued in the TIN Country of Issue TIN Country of Issue	untry mentioned by you is not India and/or if your US ide the Tax Payer Identification Number (TIN) or

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 Paravailable, or	t I is other than	India and TIN or function	onal equivalent is not
(b) US person is mentioned as	Yes in Part I, an	nd TIN is not available	
I confirm that I am neither a U resident for Tax purpose in other than India, though parameters suggest my relacountry outside India. The providing the following docu of my citizenship and residence	any country one or more tion with the refore, I am ment as proof	Si	gnature
Document Proof submitted (Pl	s tick document	t being submitted)	
☐ Passport	☐ Election Ic	d Card	☐ PAN Card
☐ Driving License	☐ UIDAI Le	etter	☐ NREGA Job Card
Govt. Issued ID Card			

Part IV- Self-Certification:

ATAL PENSION YOJANA (APY) – ACCOUNT CLOSURE FORM (w.e.f. 25.08.2017) (Death Case)

0,		
he Bra	anch Manager,	
	Branch	
	Branch	
ear Si	ir/Madam,	
We _		being a spouse/nominee(s) of the
	ed subscriber hereby request mt	that account opened under Atal Pension Yojana
	to be closed	
b)	to be continued (as per PFRDA Circular dated May 2, 2016)	
	RAN details are as follows:	
	PRAN	
	Name of deceased Subscriber	
	Name of the Spouse	
f)	Name of the Spouse Bank	
g)	Spouse Saving Account Number	
h)	IFS Code	
i)	Name of the Nominee (if no spouse)	
j)	Name of the Nominee Bank	
k)	Nominee Saving Account Number:	
1)	Nominee IFS Code	
	Date :	
	Place:	Signature / Thumb Impression of the Nominee (*LTI in case of male and RTI in case of female)
	ACKNOWLEDGEMENT -	ACCOUNT CLOSURE FOR ATAL PENSION YOJANA (APY)
	f the Spouse f the Nominee	
PRAN		
credited	(pension wealth) would be in the saving Bank account No.:	
Name	of the Bank:	
_		
	Branch; ving Officers	
	f Receipt	
	documetns to be obtained from the sp	Stamp and Signature of the Bank

- 1. Copy of death certificate of the subscriber (Duly verified by the concerned bank branch/ DoP)
- 2. KYC of sposue or nominee.
- 3. Proof of bank details for spouse or nominee.

Note: As per APY Scheme, in case of death of the subscriber before 60 years, the corpus will be settled in the name of the spouse who is the default nominee. In other cases, it will be settled in the name of the nominee.

ATAL PENSION YOJANA (APY) FORM TO UPGRADE/DOWNGRADE PENSION AMOUNT

To,	
The Branch Manager, Branch	
Dear Sir/Madam,	
I hereby request to upgrade /downgrade the pension amount early Yojana. The details are as follows:	lier opted by me under Atal Pension
PRAN : .	
Name of Account Holder :	
Please √ the revised Pension Amt. (Rs.): 1000 2000 30	5000 4000 5000
Revised Contribution Amount (to be filled by the Bank)	
I hereby authorize the bank to debit my bank account till the age of 60 for r based on my age and the Pension Amount selected by me. If the transa insufficient balance, I would not hold the bank responsible. I also und together with overdue interest thereon. I also authorize the Bank to debit if for the additional contribution to be paid for Upgraded pension account. Date: Place: Signature/Thus	action is delayed or not effected at all for lertake to deposit the additional amount
	f male and RTI in case of female)
ACKNOWLEDGEMENT – PENSION UPGRADE/DOWNGRADE UND (To be filled by the Bank) Name of the Subscriber: PRAN:	
Contribution Amount (in Rs.) for revised Pension:	
Name of the Bank:	
Don't Dronon:	
Bank Branch: Receiving Officers Name:	

*The request to upgrade /downgrade pension under APY will be chargeable. Bank charges of Rs. 25 would be required to pay by subscriber upfront to the Bank while the CRA charges of Rs. 25 would be deducted from APY account.

ATAL PENSION YOJANA (APY) – ACCOUNT CLOSURE FORM (VOLUNTARY EXIT)

	to the second se
The Branch Manager, Branch	
Branch	
Dear Sir/Madam,	
I hereby request that my account op- details are as follows:	ened under Atal Pension Yojana may be closed. The
PRAN	
Name of PRAN Holder	•
Savings Bank Account for credit of Corpus (Pension Wealth)*	
Reason for Closure (Please select)	4,
Not able to pay contributions	Require Funds urgently
- Cultural C	
Others (specify :	nment co-contribution under APY, chooses to voluntarily exit APY
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co- contribution, shall not be returned to such subs	led the contributions made by him/her to APY, along with the net s (after deducting the account maintenance, assets management contribution, and the income earned on the Government co-
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co- contribution, shall not be returned to such subs Date:	led the contributions made by him/her to APY, along with the net s (after deducting the account maintenance, assets management contribution, and the income earned on the Government coscribers.
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co- contribution, shall not be returned to such subs	led the contributions made by him/her to APY, along with the net s (after deducting the account maintenance, assets management contribution, and the income earned on the Government coscribers.
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co-contribution, shall not be returned to such subscribe. Date: Place:Signature/Thumb Impression* of Sub (* LTI in case of male and RTI in case of fema) ACKNOWLEDGEMENT – ACCOUN (To b)	led the contributions made by him/her to APY, along with the net s (after deducting the account maintenance, assets management contribution, and the income earned on the Government coscribers.
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co-contribution, shall not be returned to such subscriber: Place:Signature/Thumb Impression* of Sub (* LTI in case of male and RTI in case of fema ACKNOWLEDGEMENT – ACCOUN (To be ame of the Subscriber:	led the contributions made by him/her to APY, along with the net is (after deducting the account maintenance, assets management contribution, and the income earned on the Government conscribers.
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co-contribution, shall not be returned to such subscriber: Place:Signature/Thumb Impression* of Sub (* LTI in case of male and RTI in case of fema ACKNOWLEDGEMENT – ACCOUN (To be ame of the Subscriber:	ded the contributions made by him/her to APY, along with the net is (after deducting the account maintenance, assets management contribution, and the income earned on the Government conscribers. Discriber ale) IT CLOSURE FOR ATAL PENSION YOJANA (APY) one filled by the Bank)
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co-contribution, shall not be returned to such subscriber: Place:Signature/Thumb Impression* of Sub (* LTI in case of male and RTI in case of fema ACKNOWLEDGEMENT – ACCOUN (To be ame of the Subscriber: Propus (pension wealth) would be credited in the savi	ded the contributions made by him/her to APY, along with the net is (after deducting the account maintenance, assets management contribution, and the income earned on the Government conscribers. Discriber ale) IT CLOSURE FOR ATAL PENSION YOJANA (APY) one filled by the Bank)
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co-contribution, shall not be returned to such subscribe. Date: Place:Signature/Thumb Impression* of Sub (* LTI in case of male and RTI in case of fema)	ded the contributions made by him/her to APY, along with the net is (after deducting the account maintenance, assets management contribution, and the income earned on the Government conscribers. Discriber ale) IT CLOSURE FOR ATAL PENSION YOJANA (APY) one filled by the Bank)
* In case a subscriber, who has availed Govern before the age 60, he/she shall only be refund actual income earned on his/her contributions etc. charges), whereas, the Government co-contribution, shall not be returned to such subscriber: Place:Signature/Thumb Impression* of Sub (* LTI in case of male and RTI in case of fema ACKNOWLEDGEMENT – ACCOUN (To be ame of the Subscriber: RAN: Propus (pension wealth) would be credited in the saving Name of the Bank:	ded the contributions made by him/her to APY, along with the net is (after deducting the account maintenance, assets management contribution, and the income earned on the Government conscribers. Discriber ale) IT CLOSURE FOR ATAL PENSION YOJANA (APY) one filled by the Bank)