



ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

SUBSCRIBER REGISTRATION FORM

To The Branch Manager/Officer In Charge, _____ 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:

*** Indicates mandatory fields. Please fill the form in English and BLOCK letters**

1. BANK DETAILS:

Bank A/c Number*
Bank Name* Bank Branch*

2. PERSONAL DETAILS:

Name of Applicant in full* Shri Smt. Kumari
Full Name*
Date of Birth* / / Age Mobile No
Email ID Aadhaar*
Married Yes No If married, spouse name is mandatory. Spouse will be the default nominee under APY.
Name of Spouse Aadhaar
Nominee's Name* Aadhaar
Nominee's relationship with the subscriber
Additional Details in case nominee is a Minor
Date of Birth* / /
Guardian's Name*
Whether Income Tax Payer Yes 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.

3. PENSION DETAILS

Frequency of Contribution (Please tick(✓)) * Monthly Quarterly Half Yearly
Pension Amount (Please tick(✓)) * 1000 2000 3000 4000 5000
Contribution Amount (in Rs.) (To be filled by the Bank)
I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for _____ balance, I would not hold 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.

Date / /
Place

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

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:
Bank Branch:
's Name:
Date of Receipt of Application:

Stamp and Signature of the 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:

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	Country of:						
a)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Birth</td> <td style="width: 60%;"></td> </tr> <tr> <td style="padding: 5px;">b) Citizenship</td> <td></td> </tr> <tr> <td style="padding: 5px;">c) Residence for Tax Purposes</td> <td></td> </tr> </table>	Birth		b) Citizenship		c) Residence for Tax Purposes	
Birth							
b) Citizenship							
c) Residence for Tax Purposes							
2	US Person (Yes / No)						
Part II- Please note:							
<p>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.</p> <p>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:</p>							
i)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">TIN</td> <td style="width: 60%;"></td> </tr> <tr> <td style="padding: 5px;">Country of Issue</td> <td></td> </tr> </table>	TIN		Country of Issue			
TIN							
Country of Issue							
ii)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">TIN</td> <td style="width: 60%;"></td> </tr> <tr> <td style="padding: 5px;">Country of Issue</td> <td></td> </tr> </table>	TIN		Country of Issue			
TIN							
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TIN							
Country of Issue							
<p>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.</p>							

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

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



ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

REGISTRATION FORM FOR EXISTING SWAVALAMBAN YOJANA SUBSCRIBERS

* Indicates mandatory Please the form in English and BLOCK letters.

Subscribers who have registered under Swavalamban Yojana and are between 18 to 40 years on day of submission of form are eligible to shift to APY. Copy of PRAN card is required to be submitted alongwith this Form.

To The Branch Manager/Officer In Charge, _____ Branch, _____ Bank/Dept. of Post
Subscriber Name : _____

PRAN (already allotted under Swavalamban Yojana)* _____

Dear Sir/Madam,

I wish to continue under APY / I wish to opt out of APY# (If you wish to continue under APY, then provide the following details)

1. BANK DETAILS:		
Bank A/c Number*	_____	_____
Bank Name*	_____	Bank Branch* _____

2. PERSONAL DETAILS:			
Name of Applicant in full*	Shri <input type="checkbox"/>	Smt. <input type="checkbox"/>	Kumari <input type="checkbox"/>
Full Name*	_____		
Date of Birth*	d d / m m / y y y y	Age	_____
Email ID	_____	Mobile No	_____
Married	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aadhaar* _____
If married, spouse name is mandatory. Spouse will be the default nominee under APY.			
Name of Spouse	_____	Aadhaar	_____
Nominee's Name*	_____	Aadhaar	_____
Nominee's relationship with the subscriber	_____		
Additional Details in case nominee is a Minor			
Date of Birth*	d d / m m / y y y y	_____	
Guardian's Name*	_____		
Whether _____ of other statutory social security schemes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Whether Income Tax Payer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is FATCA/CRS* applicable \$	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
\$ 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.			

3. PENSION DETAILS				
Frequency of Contribution (Please tick(√)) *	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	
Pension Amount (Please tick(√)) *	1000 <input type="checkbox"/>	2000 <input type="checkbox"/>	3000 <input type="checkbox"/>	4000 <input type="checkbox"/>
Contribution Amount (in Rs.) (To be filled by the Bank)	I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for _____ balance, I would not hold 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.

Date / / / / / / /

Place

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

If you are opting out of APY, you will continue to be part of Swavalamban Yojana.

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY) (To be filled by the Bank)	
Name of the Subscriber:	_____
PRAN Number	_____
Guaranteed Pension Amount	_____
Contribution Amount under APY (in Rs.)	_____
Periodicity of Contribution	_____
Name of the Bank:	_____
Bank Branch:	_____
Receiving _____'s Name:	_____
Date of Receipt of Application:	_____
Stamp and Signature of the Bank	

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Permanent Retirement Account Number (PRAN):

Date of Birth:

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a)	Birth
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c)	Residence for Tax Purposes
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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
	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)**
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(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

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

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

To,

The Branch Manager,
_____ Branch

_____ Branch

Dear Sir/Madam,

I/We _____ being a spouse/nominee(s) of the deceased subscriber hereby request that account opened under Atal Pension Yojana of Shri / Smt. _____

- a) to be closed
b) to be continued
(as per PFRDA Circular dated May 2, 2016)

The PRAN details are as follows:

- c) PRAN
- d) Name of deceased Subscriber _____
- e) 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:
- l) 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)

Name of the Spouse _____
Name of the Nominee _____
PRAN _____
Corpus (pension wealth) would be credited in the saving Bank account No.: _____

Name of the Bank:		Stamp and Signature of the Bank
Bank Branch:		
Receiving Officers Name:		
Date of Receipt		

List of documents to be obtained from the spouse or the nominee.

1. Copy of death certificate of the subscriber (Duly verified by the concerned bank branch/ DoP)
2. KYC of spouse 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 earlier opted by me under Atal Pension Yojana. The details are as follows:

PRAN :

Name of Account Holder : _____

Please ✓ the revised Pension Amt. (Rs.): 1000 2000 3000 4000 5000

Revised Contribution Amount (to be filled by the Bank)

Rs.

I hereby authorize the bank to debit my bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with overdue interest thereon. I also authorize the Bank to debit my Bank Account (registered under APY) for the additional contribution to be paid for Upgraded pension account.

Date: _____
Place: _____

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

** In case of downgrade of pension, the differential amount would be refunded to the subscriber through direct credit to Bank Account (registered under APY).*

ACKNOWLEDGEMENT – PENSION UPGRADE/DOWNGRADE UNDER ATAL PENSION YOJANA (APY)
(To be filled by the Bank)

Name of the Subscriber: _____

PRAN:

Contribution Amount (in Rs.) for revised Pension: _____

Name of the Bank:		Stamp and Signature of the Bank
Bank Branch:		
Receiving Officers Name:		
Date of Receipt		

**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 Branch Manager,

_____ Branch
_____ Branch

Dear Sir/Madam,

I hereby request that my account opened under Atal Pension Yojana may be closed. The details are as follows:

PRAN :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of PRAN Holder : _____

Savings Bank Account for credit of Corpus (Pension Wealth)* :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reason for Closure (Please select) :

Not able to pay contributions

Require Funds urgently

Others (specify : _____)

* In case a subscriber, who has availed Government co-contribution under APY, chooses to voluntarily exit APY before the age 60, he/she shall only be refunded the contributions made by him/her to APY, along with the net actual income earned on his/her contributions (after deducting the account maintenance, assets management etc. charges), whereas, the Government co-contribution, and the income earned on the Government co-contribution, shall not be returned to such subscribers.

Date:

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

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ACKNOWLEDGEMENT – ACCOUNT CLOSURE FOR ATAL PENSION YOJANA (APY) (To be filled by the Bank)

Name of the Subscriber: _____

PRAN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Corpus (pension wealth) would be credited in the savings Bank account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of the Bank:		Stamp and Signature of the Bank
Bank Branch:		
Receiving Officers Name:		
Date of Receipt		