Annexure S1		<u>Page 1</u>
Application for Allotment of Permanent Retirement Account Number (PI	RAN)	
(To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the	e form)	To offix recent
Acknowledgement No.		To affix recent Coloured photograph
(To be filled by FC)		$(3.5 \text{ cm} \times 2.5 \text{ cm})$
Permanent Retirement Account Number: (To be filled by FC after PRAN generation)		
Sir/Madam,		
I hereby request that a permanent retirement account number be allotted to me.		
I give below necessary particulars:		
		Signature/Left Thumb Impression
Section A - Subscribers Personal Details (* Indicates Mandatory Field)  Full Name (Full expanded name: initials are not permitted)		of Subscriber in black ink
Please Tick as applicable, Shri Smt Kumari Sirst Name *		
Middle Name		
Last Name	<del>                                     </del>	
2. Gender * Please Tick as applicable, Male Female		
. Date of Birth * 4. PAN		
D D M M Y Y Y (Date of Birth to be Certified by DDO) 5. Father's Full Name:		
First Name *	<del>                                     </del>	
Middle Name		
Last Name		
5. Present Address: Flat/Unit No, Block no. *		
Name of Premise/Building/Village		
Area/Locality/Taluka	<del>                                     </del>	
District/Town/City *		
State / Union Territory *		
Country *		
Pin Code *		
7. Permanent Address: If same as above, Please Tick else,		
Flat/Unit No, Block no. *		
Name of Premise/Building/Village		
Area/Locality/Taluka	<del>                                     </del>	
District/Town/City *	1	
State / Union Territory *		
Country *		
Pin Code *		
8. Phone No.		
S. Prione No.  STD Code Phone No.		
9. Mobile No.		

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Ba	ınk Br	anch*	<del></del>	1							1	1			<u> </u>			<u> </u>			<u> </u>				1	1	 		
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**Annexure S1** Page 3 Section C - Subscriber's Nomination Details (\* Indicates Mandatory Field for nominee) 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. Date of Birth (In case of a minor)\*: 2nd Nominee 3rd Nominee 1st Nominee 3. Relationship with the Nominee\*: 2nd Nominee 3rd Nominee 1st Nominee 4. Percentage Share \*: 1st Nominee % 2nd Nominee % 3rd Nominee 5. Nominee's Guardian Details (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 6. Conditions rendering nomination invalid: 2nd Nominee 3rd Nominee 1st Nominee Section D - Subscriber Scheme Details 2nd Scheme 3rd Scheme 1st Scheme Pension Fund Managers Name/Code Pension Fund Managers Name/Code Pension Fund Managers Name/Code Scheme ID No./Name Scheme ID No./Name Scheme ID No./Name Percentage Share Percentage Share Percentage Share | | % % Section E - Declaration I understand that there would be PFRDA approved *Terms and Conditions* for Subscribers on the CRA website *governing I*-Pin (to access CRA / NPSCAN and view details) & T-pin. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed. , the applicant, do hereby declare that what is stated above is true to the best of my information & belief. Date: D D M M Y Y Y Signature/Left Thumb Impression of Subscriber

## INSTRUCTIONS FOR FILLING PRAN FORM

- a) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- b) Details Marked with (\*) are the mandatory fields.
- c) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- d) 'Individual' Subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- e) Signature /Left thumb impression should only be within the box provided in the form. The signature should not be on the photograph. If there is any mark on the photograph such that it hinders the clear visibility of the face of the Subscriber, the application will not be accepted.
- f) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

Sr. No.	Item No	Item Details	Guidelines for Filling the Form										
	Section A - Subscribers Personal Details												
1	3.	Date of Birth	All Dates Should be in "DDMMYYYY" Format										
2	6.	Present Address	All future communications will be sent to present address.										
3	8, 9, 10	Phone No., Mobile No, & Email ID	It is advisable to mention either "Telephone number" or "Mobile number" or "Enid" so that Subscriber can be contacted in future for any discrepancy.										
4	11	Subscriber's Bank Details	For subscribers, the Bank details are mandatory. In case, Bank details are not available at the time of filling the form, subscriber has to accept the declaration for providing the Bank details within six months or on opening of Bank account whichever is earlier.										
			3 - Subscribers Employment Details										
Subscr	riber and should be verifie	riber's Employment details i ed by the Authorised Signato / Striking off of any of the e											
5	3.	PPAN	Kindly provide the PPAN (Permanent Pension Account Number), if it has been allotted to the subscriber by the concerned PAO.										
6	& DDO Reg. No.		PAO/CDDO Reg. No. and DDO Reg. No. are the unique Registration number allotted by Central Recordkeeping Agency. CDDOs will register as both PAOs and DDOs. NCDDOs will register only as DDOs and obtain the PAO Reg. No. from their respective PAOs.										
	1	Section (	C - Subscriber's Nomination Details										
7	4.	Percentage Share	Subscriber can nominate maximum of three nominees.  Subscriber can not fill the same nominee details more than once.  Percentage share value for all the nominees must be integer. Fractional value will not be accepted.  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.										
8	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details will be mandatory.										
		Section	on D - Subscriber scheme details										
			s i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest an also search for the scheme details on <a href="http://www.npscra.nsdl.co.in">http://www.npscra.nsdl.co.in</a>										
9	Scheme	Subscriber can select maximum three schemes. Details of the schemes are available on <a href="http://www.npscra.nsdl.co.in">http://www.npscra.nsdl.co.in</a> Subscriber can not fill the same scheme details more than once. If a scheme name is filled in the form for scheme setup there must be a PFM name and percentage contribution filled for that scheme.  If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable											
10	Percentage Share	Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount.  Percentage contribution value for all the schemes must be integer. Fractional value will not be accepted.  If the sum of contributions (in percentage) across all the schemes is not equal to 100, the balance will be allotted to the default scheme approved by PFRDA.											

## GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- a) Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (<a href="http://www.npscra.nsdl.co.in">http://www.npscra.nsdl.co.in</a>).
- b) The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.
- c) The Subscriber can obtain the status of his/her application from the CRA website or through the respective PAO/CDDO.
- d) For more information

Visit us at <a href="http://www.npscra.nsdl.co.in">http://www.npscra.nsdl.co.in</a>

Call us at 022-24994200

e-mail us at info.cra@nsdl.co.in

Write to: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

## **Annexure S5**

Covering letter for Subscriber Registration Application Forms (To be submitted by DDO in duplicate on official stationery)

Τ(	NSDL CRA,
Fr	rom: Date:
D)	DO Registration Number: DO Name and designation: D 's contact No.:
Su	nclosed please find (in words) number of abscriber registration application forms, for the purpose of allotment of the remanent Retirement Account Number (PRAN).
	the authorized signatory, do hereby declare that what is stated above is corrected complete.
Y	ours faithfully,
	gnature/Name of authorized signatory Acceptance Date and Stamp of FC branch amp of DDO
 In	structions:
1.	This covering letter is to be provided by the DDO along with the subscriber registration forms.
2.	The total number of forms per covering letter should not exceed 50. If the total subscriber registration forms exceed 50, kindly provide different covering letters.
3.	Please quote the correct DDO Reg.No. allotted by CRA. The forms are liable to be rejected if incorrect DDO Reg. No. is mentioned.

## Covering Letter with Subscriber Registration Application Form (To be submitted by PAO in duplicate on official stationery)

To N	ISDL CRA,												
Fron	From: Date:												
PAC PAC	Registration Num Department/Min Contact No.:	istry:											
lette	r from the respec		ose of allot	Forms along with the covering ment of Permanent Retirement listed below:									
Sr. No.	DDO Registration Number	DDO Office	Number of Packets	Total Number of Forms (in words)									
	Total number of	forms attached											
com	1		e that what	is stated above is correct and									
_	ature/Name of Au np of PAO	thorised Signatory A	Acceptance I	Date and Stamp of FC branch:									
1. 7 f 2. 7 3. 7 4. 7 5. H	orms. The total number of the subscriber application covering letter. The Provisional Recollease quote the co	forms per DDO covering cation forms should be ar in the same order as men eipt Number will be issue	letter in a si ranged DDC ationed above ed DDO wise lotted by Cl										