| Annexure S1   | Page 1                          |  |  |  |  |
|---|---------------------------------|--|--|--|--|
| Application for Allotment of Permanent Retirement Account Number (PRAN)   |                                 |  |  |  |  |
| (To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form)                  | To affix recent                 |  |  |  |  |
| Acknowledgement No.  To affix recent Coloured photograph  |                                 |  |  |  |  |
| (To be filled by FC) (3.5 cm × 2.5 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)  1. Full Name (Full expanded name: initials are not permitted) | of Subscriber in black ink      |  |  |  |  |
| Please Tick as applicable, Shri Smt . Kumari  |                                 |  |  |  |  |
| First Name *  |                                 |  |  |  |  |
| Middle Name   |                                 |  |  |  |  |
| Last Name   |                                 |  |  |  |  |
|   |                                 |  |  |  |  |
| 2. Gender * Please Tick as applicable, Male Female Female   |                                 |  |  |  |  |
| 3. Date of Birth * 4. PAN   |                                 |  |  |  |  |
| D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  |                                 |  |  |  |  |
| 5. Father's Full Name: First Name *   |                                 |  |  |  |  |
|   |                                 |  |  |  |  |
| Middle Name   |                                 |  |  |  |  |
| Last Name   |                                 |  |  |  |  |
|   |                                 |  |  |  |  |
| 6. Present Address: Flat/Unit No, Block no. *   |                                 |  |  |  |  |
| Name of Premise/Building/Village  |                                 |  |  |  |  |
|   |                                 |  |  |  |  |
| Area/Locality/Taluka  |                                 |  |  |  |  |
| 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  |                                 |  |  |  |  |
| District/Town/City *  |                                 |  |  |  |  |
| State / Union Territory *   |                                 |  |  |  |  |
|   |                                 |  |  |  |  |
| Country *   |                                 |  |  |  |  |
| Pin Code *  |                                 |  |  |  |  |
|   |                                 |  |  |  |  |
| 8. Phone No. STD Code Phone No.   |                                 |  |  |  |  |
| 9. Mobile No.   |                                 |  |  |  |  |

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|---|--|--|--|--|
| 10. Email ID  |  |  |  |  |
|   |  |  |  |  |
| 11. Subscribers Bank Details: (Please refer instruction no. 4)  Savings A/c  Current A/c  |  |  |  |  |
| Bank A/c Number   |  |  |  |  |
| Bank Name   |  |  |  |  |
| Bank Branch   |  |  |  |  |
| Bank Address  |  |  |  |  |
| Bank Address  |  |  |  |  |
| Pin Code  |  |  |  |  |
| Bank MICR Code (Wherever applicable)  |  |  |  |  |
|   |  |  |  |  |
| 12. Value Added Services: i) SMS Alert Yes No   |  |  |  |  |
| ii) Email Alert: Yes No   |  |  |  |  |
| the applicant do haraby declars that  |  |  |  |  |
| I, 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 Y Signature/Left Thumb  |  |  |  |  |
| Impression of Subscriber  |  |  |  |  |
| Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)   |  |  |  |  |
| 1. Date of Joining 2. Date of Retirement  |  |  |  |  |
| D D M M Y Y Y Y Y D D M M Y Y Y Y   |  |  |  |  |
| 3. PPAN (Please refer to instructions No.5.)  |  |  |  |  |
| 4. Group of the Employee (Please Tick) Group A Group B Group C Group D  |  |  |  |  |
| 5. Office   |  |  |  |  |
|   |  |  |  |  |
| 6. Department   |  |  |  |  |
|   |  |  |  |  |
| 7. Ministry   |  |  |  |  |
|   |  |  |  |  |
| 8. DDO Registration Number 9. PAO/CDDO Registration Number  |  |  |  |  |
| (Please refer to instructions No.6.)  |  |  |  |  |
|   |  |  |  |  |
| 10. Basic Salary  |  |  |  |  |
| 11. Pay Scale   |  |  |  |  |
|   |  |  |  |  |
| Certified that the above declaration has been signed / thumb impressed before me by   |  |  |  |  |
| after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment details is as per employee records available with the <b>Department.</b>  |  |  |  |  |
| and the per conference of the |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Signature of the Authorised Person Rubber Stamp of the DDO  |  |  |  |  |
| Designation of the Authorised Person : Name of the DDO  |  |  |  |  |
| Date:   |  |  |  |  |
| D D M M Y Y Y Y Department / Ministry   |  |  |  |  |

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|---|--|--|--|--|--|--|
| Section C - Subscriber's Nomination D   | <b>Details</b> (* Indicates Mandatory Field for nominee) |  |  |  |  |  |
| 1. Name of the Nominee *: 1st 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)*:  1st Nominee  | 2nd Nominee  | 3rd Nominee                                      |  |  |  |  |
|   | Zid (Volume)   | 3rd (Volumee                                     |  |  |  |  |
| 3. Relationship with the Nominee*:  1st Nominee   | 2nd Nominee  | 3rd Nominee                                      |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 4. Percentage Share *:  1st Nominee   | 6 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                       | d Nominee's Guardian Details                     |  |  |  |  |
| First Name *  | First Name *   | First Name *                                     |  |  |  |  |
|   | <del>                                     </del>         | <del>                                     </del> |  |  |  |  |
|   | Middle Name  | Middle Name                                      |  |  |  |  |
|   |  |  |  |  |  |  |
| Last Name   | Last Name  | Last Name  |  |  |  |  |
|   | Last Name  | Last Name  |  |  |  |  |
|   |  |  |  |  |  |  |
| 6. Conditions rendering nomination invalid:  1st Nominee  | 2nd Nominee  | 3rd Nominee                                      |  |  |  |  |
|   |  | 510 1 10 11 11 11 11 11 11 11                    |  |  |  |  |
| Section D - Subscriber Scheme Details  1st Scheme 2nd Scheme 3rd 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                               |  |  |  |  |
| Senemo ID 140% Falante  |  |  |  |  |  |  |
| Percentage Share  | Percentage Share   | Percentage Share                                 |  |  |  |  |
| %   | %  | referringe share                                 |  |  |  |  |
| Section E - Declaration  I understand that there would be PFRDA approved <i>Terms and Conditions</i> for Subscribers on the CRA website <i>governing I-Pin</i> (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. |  |  |  |  |  |  |
| I, the applicant, do hereby declare that  |  |  |  |  |  |  |
| I, the applicant, do hereby declare that what is stated above is true to the best of my information & belief.   |  |  |  |  |  |  |
| Date:   |  |  |  |  |  |  |
| Date:  D D M M Y Y Y  | Y  |  |  |  |  |  |
|   |  | Signature/Left Thumb<br>Impression of Subscriber |  |  |  |  |

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## 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.
- e) 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.<br>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,<br>& Email ID   | It is advisable to mention either "Telephone number" or "Mobile number" or "Email id" so that Subscriber can be contacted in future for any discrepancy.   |  |  |
| 4  | 11               | Subscriber's Bank<br>Details  | If Subscribers mentions any of the bank details, except MICR Code all the bank details will be mandatory.  |  |  |
|  |                  | Section I   | B - Subscribers Employment Details   |  |  |
| It is mandatory to fill the Subscriber's Employment details in the application. The employment details should be filled by the respective DDO of the Subscriber and should be verified by the Authorised Signatory.  DDO should ratify Overwriting / Striking off of any of the employment details.                  |                  |   |  |  |  |
| 5  | 3.               | PPAN  | Kindly provide the PPAN (Permanent Pension Account Number), if it has been allotted to the subscriber by the concerned PAO.  |  |  |
| 6  | 8 & 9            | PAO/CDDO Reg. No.<br>& 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.   |  |  |
|  |                  | 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<br>Details   | If a nominee is a minor, then nominee's guardian details will be mandatory.  |  |  |
|  | L                |   | on D - Subscriber scheme details   |  |  |
| If the Subscriber is unable to mention the Scheme details i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest Facilitation Centre (FC) for information or the Subscriber can 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 http://www.npscra.nsdl.co.in

Call us at 022-24994200

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

Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.