# NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) – NSDL e-Governance Infrastructure Limited

To,
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)

KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

1. **PERSONAL DETAILS:** (Please refer to Sr. No.1 of the instructions)

   - **Name of Applicant in full:**
     - Shri
     - Smt.
     - Kumari

   - **First Name**
   - **Middle Name**
   - **Last Name**

   - **Subscriber’s Maiden Name (if any)**

   - **Father’s Name**
     - First Name
     - Middle Name
     - Last Name

   - **Mother’s Name**
     - First Name
     - Middle Name
     - Last Name

   - **Date of Birth**
     - DOB: d d / m m / y y y y
     - ID: (Date of Birth should be supported by relevant documentary proof)

   - **City of Birth**

   - **Country of Birth**

   - **Gender**
     - Male
     - Female
     - Others

   - **Nationality**
     - In-Indian

   - **Marital Status**
     - Married
     - Unmarried
     - Others

   - **Spouse Name**
     - First Name
     - Middle Name
     - Last Name

   - **Residential Status**
     - Indian

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

   - **Passport**
   - **Voter ID Card**
   - **PAN Card**
   - **Driving License**
   - **NREGA JOB Card**
   - **Others**

3. **PROOF OF ADDRESS (PoA)**

   - **Correspondence Address**
     - Address Type
     - Residential/Business
     - Residential
     - Business
     - Registered Office
     - Unspecified

   - **Permanent Address**
     - Address Type
     - Residential/Business
     - Residential
     - Business
     - Registered Office
     - Unspecified

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Affix recent colour photograph of 3.5 cm × 2.5 cm size / Passport size.

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**Note:**
- Please provide a recent colour photograph of 3.5 cm × 2.5 cm size / Passport size.
- Please refer Sr. No. of the instructions for filling the form.
- All fields must be filled in BLOCK letters using black ink pen.
- Mandatory fields are indicated with an asterisk (*).
- Please ensure all details are accurate and complete.
- Any amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and/or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.
5. CONTACT DETAILS
Tel. (Off) (with STD code) + 
Tel. (Res): (with STD code) + 
Mobile (Desirable) + 9 1 
Email ID

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)
- Occupation Details
  - Private Sector
  - Government Sector
  - Self Employed
  - Income Range (per annum)
  - Education Qualifications
  - Please Tick If Applicable
- Related to Politically exposed person

7. SUBSCRIBER BANK DETAILS (Please refer to Sr no. 4 of the instructions)
- Name of the Nominee
- Bank Name
- Branch Name
- Branch Address
- Bank MICR Code
- Email ID
- Mobile (Desirable)
- Tel. (Off) (with STD code) + Tel. (Res): (with STD code) +
- Relationship with the Nominee
- Date of Birth
- Name of the Nominee (in case of a minor)
- Relationship with the Nominee
- Date of Birth
- PIN Code

8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No. 5 of the instructions)
- Name of the Nominee
- First Name
- Middle Name
- Last Name
- Relationship with the Nominee
- Date of Birth (in case of Minor)
- Relationship with the Nominee
- Date of Birth (in case of Minor)
- Occupation Details
- Income Range (per annum)
- Politically exposed person

9. NPS OPTION DETAILS (Please tick (*) as applicable)
- Option to subscribe for Tier II Account also
- I would like to subscribe for Tier II Account also
- PRAN to be printed in Hindi

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions)
(i) PENSION FUND SELECTION (Tier I):
- Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:
- All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
- Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
- NPS Lite: NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

<table>
<thead>
<tr>
<th>Name of the Pension Fund</th>
<th>Please Tick (*)</th>
<th>Availability of the Pension Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIC Pension Fund Limited</td>
<td></td>
<td>Available to Government Sector</td>
</tr>
<tr>
<td>SBI Pension Funds Limited</td>
<td></td>
<td>Available to NPS Lite</td>
</tr>
<tr>
<td>UTI Retirement Solutions Limited</td>
<td></td>
<td>Available to All Citizen Model*</td>
</tr>
<tr>
<td>ICICI Prudential Pension Funds Management Company Limited</td>
<td></td>
<td>Available to Corporate Model*</td>
</tr>
<tr>
<td>Kotak Mahindra Pension Fund Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliance Capital Pension Fund Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDFC Pension Management Company Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birla Sunlife Pension Management Limited</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Selection of Pension Fund is mandatory both in Active and Auto Choice.

(ii) INVESTMENT OPTION
- Active Choice
- Auto Choice

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

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>E (Cannot exceed 50%)</th>
<th>C (Max up to 100%)</th>
<th>G (Max up to 100%)</th>
<th>A (Cannot exceed 5%)</th>
<th>Total</th>
</tr>
</thead>
</table>

(iv) Auto Choice Option (to be filled up only in case you have selected the ‘Auto Choice’ investment option).
- 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. 7 of the instructions)

Declaraton & 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: dd/mm/yyyy

Place: 

Signature/Thumb Impression* of Subscriber in black ink

(* LTI in case of male and RTI in case of females)

12. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 8 of the instructions):

Section I*

US Person* Yes [ ] No [ ]

Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Country (1)</th>
<th>Country (2)</th>
<th>Country (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country/countries of tax residency</td>
<td>Address Line 1</td>
<td>City/Town/Village</td>
<td>State</td>
</tr>
<tr>
<td>Address in the jurisdiction for Tax Residence</td>
<td>ZIP/Post Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Identification Number (TIN)/Functional equivalent Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validity of documentary evidence provided (Wherever applicable)</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
<td>dd/mm/yyyy</td>
</tr>
</tbody>
</table>

*I certify that:

a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,

b) the information provided by me in the Form, its supporting Annexures as well as the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.

c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries 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.

d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.

e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RB/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.

f) I hereby accept and acknowledge that the 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 to the NPS Trust

g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date: dd/mm/yyyy

Place: 

Signature/Thumb Impression* of Subscriber in black ink

(* LTI in case of male and RTI in case of females)
### 13. DECLARATION BY EMPLOYER

**Applicable to Government Subscribers only**

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

<table>
<thead>
<tr>
<th>Date of Joining</th>
<th>Date of Retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>dd/mm/yyyy</strong></td>
<td><strong>dd/mm/yyyy</strong></td>
</tr>
</tbody>
</table>

Employee Code/ID (if applicable)

PPAN (if applicable)

Group of Employee (Tick as applicable)

- Group A
- Group B
- Group C
- Group D

Office

Department

Ministry

DDO Registration Number

DTO/PAO/CDDO/DTA/PrAO Registration Number

Basic Pay

Pay Scale

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.

<table>
<thead>
<tr>
<th>Signature of the Authorised person (In the box above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubber Stamp of the DDO (In the box above)</td>
</tr>
<tr>
<td>Signature of the Authorised person (In the box above)</td>
</tr>
<tr>
<td>Rubber Stamp of the DTO/PAO/CDDO/DTA/PrAO (In the box above)</td>
</tr>
</tbody>
</table>

Designation of the Authorised Person

Name of the DDO

Deptt/Ministry

### 14. DECLARATION BY EMPLOYER/ CORPORATE

**Applicable to Corporate Subscribers only**

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

<table>
<thead>
<tr>
<th>Date of Joining</th>
<th>Date of Retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>dd/mm/yyyy</strong></td>
<td><strong>dd/mm/yyyy</strong></td>
</tr>
</tbody>
</table>

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>dd/mm/yyyy</strong></td>
<td></td>
</tr>
</tbody>
</table>

Signature of the Authorised person (In the box above)

Designation of the Authorised Person

Rubber Stamp of the Corporate (In the box above)

### 15. DECLARATION BY THE AGGREGATOR

**Applicable to NPS Lite Subscribers**

Authorisation by Aggregator’s office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed/thumb impressed before me by _____________________________after (s)he has read the entries/entries have been read over to her/him by me.

<table>
<thead>
<tr>
<th>Signature of the Authorised person (In the box above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubber Stamp of the Aggregator (In the box above)</td>
</tr>
</tbody>
</table>

Name of the Aggregator

NPS Lite Account Office (NL-AO) Registration Number

NPS Lite - Collection Centre (NL - CC) Registration Number

Membership No. allotted by Aggregator (if any)

Place

Date **dd/mm/yyyy**
## 16. TO BE FILLED BY POP-SP

<table>
<thead>
<tr>
<th>Receipt No. (17 digits)</th>
<th>POP-SP Registration Number</th>
</tr>
</thead>
</table>

Document accepted for date of Birth Proof:

<table>
<thead>
<tr>
<th>Copy of PAN card submitted</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>KYC Compliance</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Documents Received: (Originals Verified) Self Certified (Attested) True Copies

Identity Verification: Done

### Existing Bank Customer:

I/we hereby certify/confirm that Shri/Smt/Kum…………………………………………………..is an existing customer of the Bank having fully operative Saving Bank account no……………………………………………..at…………………………………………………..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 Sh/Smt/Kum…………………………………………………..is not a ‘Basic Savings Bank Deposit Account’

### Adhaar Based KYC Certificate:

I/we hereby certify that Aadhaar Number ………………………of Sh/Smt/Kum…………………………………………………..has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

<table>
<thead>
<tr>
<th>To be filled by POP-SP</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>POP-SP Seal</td>
<td>Designation:</td>
</tr>
<tr>
<td>Signature of Authorized Signatory</td>
<td>Place:</td>
</tr>
<tr>
<td>Date</td>
<td>d / m / y</td>
</tr>
</tbody>
</table>

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by

<table>
<thead>
<tr>
<th>CRA-FC Registration Number</th>
<th></th>
</tr>
</thead>
</table>

Received at

<table>
<thead>
<tr>
<th>Date</th>
<th>d / m / y</th>
</tr>
</thead>
</table>

Acknowledgement Number (by CRA-FC)

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>

PRAN Alloted

<p>| |</p>
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<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

### ACKNOWLEDGEMENT

Name of the Subscriber:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

Contribution Amount Remitted: ₹

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

Date of Receipt of Application and Contribution Amount: d / m / y

Stamp and Signature of the Employer/PoP:
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 over-write. 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 designated officer of POP-SP / Nodal Office.

S. No. | Item No. | Item Details | Instructions
--- | --- | --- | ---
1 | 1 | Personal Details | i. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians.
ii. Currently, Foreign Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN.
iii. The applicant shall mention father’s name and mother’s name and shall select the option to be printed on PRAN Card.

2 | 1 | Spouse Name | If married, spouse name is mandatory.

3 | 1 | Father’s Name | i. Father’s name is mandatory.
ii. If father’s name has more than 30 digits, you may fill Annexure II for the same.

4 | 1 | Mother’s Name | i. Mother’s name is mandatory.
ii. If mother’s name has more than 30 digits, you may fill Annexure II for the same.

5 | 1 | Date of Birth | Please ensure that the date of birth matches as indicated in the document provided in the support.

S.No. | Item No. | Proof of Identity (Copy of any one) | Proof of Address (Copy of any one)
--- | --- | --- | ---
1 | 1 | Passport issued by Government of India | Passport issued by Government of India
2 | 1 | Ration card with photograph | Ration card with photograph and residential address
3 | 1 | Bank Pass book or certificate with Photograph | Bank Pass book or certificate with photograph and residential address
4 | 1 | Certificate of the POP bank for an existing Bank customer | Certificate of the POP bank for an existing Bank customer
5 | 1 | Voters Identity card with photograph and residential address | Voters Identity card with photograph and residential address
6 | 1 | Valid Driving license with photograph | Valid Driving license with photograph and residential address
7 | 1 | Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly | 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.

2, 3 & 4 | 1 | Identity, Correspondence & Permanent address details | 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

5 | 1 | Aadhar Card / letter issued by Unique Identification Authority of India | 9 | Aadhar Card / letter issued by Unique Identification Authority of India
6 | 1 | 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
7 | 1 | Identity card issued by Central/State government and its Departments, Statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICAW, ICISI, Bar Council etc. | 11 | Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions for their employees.

8 | 1 | Photofield. Identity card issued by Defence, Paramilitary and Police department's | 12 | Ex-Service Man Card issued by Ministry of Defence to their employees |

13 | 1 | Photo Credit card. | 13 | Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)

14 | 1 | 14 | Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)

15 | 1 | 15 | Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)

Note:
(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.

(ii) If the address indicated on the document selected for identity proof do not match the permanent address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence & Permanent address are different, then proof for both have to be submitted.

(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)

3 | 6 | 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. In case, subscriber provides bank details, it should be supported by cancelled cheque.

5 | 8 | Subscriber’s Nomination Details | For activation of Tier II, bank details are mandatory. Please attach a Canceled 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.

6 | 10 | Pension Fund (PF) Selection and Investment Option | 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.

7 | 11 | Declaration by Subscriber | 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.

8 | 12 | Declaration by subscriber on FATCA Compliance | Certification / Guidelines on filing details if applicant residence for tax purposes in jurisdiction(s) outside India of 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, in case the 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 category, include a social security/insurance number, citizen/personal identification/services code/number and resident registration number.
• If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (Pan) to be provided as Tax Identification Number (TIN).
• In case applicant is declaring US person status as ‘No’ but his/her Country of Birth is US, document evidencing Residency of Citizenship should be provided or reasons for not having residence certificate is to be provided.

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://www.npscra.nsdl.co.in
Call: 022-6909 4242
Address: Central Recordkeeping Agency (CRA)
NSDL e-Governance Infrastructure Limited
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013