Annexure S5

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

To NSDL CRA,

From:                      Date:

DDO Registration Number:
DDO Name and designation:
DDO’s contact No.:

Enclosed please find ____________________ (in words) number of Subscriber registration application forms, for the purpose of allotment of Permanent Retirement Account Number (PRAN).

I, the authorized signatory, do hereby declare that what is stated above is correct and complete.

Yours faithfully,

________________________________________  ________________________________
Signature/Name of authorized signatory    Acceptance Date and Stamp of FC branch
Stamp of DDO

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Instructions:
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.

----------------------------------------------------------------------
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)

<table>
<thead>
<tr>
<th>Acknowledgement No.</th>
<th>Permanent Retirement Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(To be filled by FC)</td>
<td>(To be filled by FC after PRAN generation)</td>
</tr>
</tbody>
</table>

Sir/Madam,

I hereby request that a permanent retirement account number be allotted to me.

I give below necessary particulars:

**Section A - Subscribers Personal Details** (* Indicates Mandatory Field)

1. Full Name (Full expanded name: initials are not permitted)
   - Please Tick as applicable, Shri □ Smt. □ Kumari □
   - First Name *
   - Middle Name
   - Last Name

2. Gender * Please Tick as applicable, Male □ Female □

3. 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 *
   - 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.


(To affix recent Coloured photograph (3.5 cm × 2.5 cm)

Signature/Left Thumb Impression of Subscriber in black ink)
10. Email ID

11. Subscribers Bank Details: Please refer instruction no. f (4)
   - Bank A/c Number
   - Bank Name
   - Bank Branch
   - Bank Address
   - Pin Code
   - Bank MICR Code (Wherever applicable)

12. Value Added Services:
   i) SMS Alert: Yes [ ] No [ ]
   ii) Email Alert: Yes [ ] No [ ]

Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)

1. Date of Joining

2. Date of Retirement

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. DTO 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 Department.

Signature of the Authorised Person

Designation of the Authorised Person: ________________________________

Date: D   D   M   M   Y   Y   Y   Y

Name of the DDO ______________________

Department / Ministry __________________________
## Section C - Subscriber’s Nomination Details

(* Indicates Mandatory Field for nominee)

1. Name of the Nominee *:

<table>
<thead>
<tr>
<th></th>
<th>1st Nominee</th>
<th>2nd Nominee</th>
<th>3rd Nominee</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Date of Birth (In case of a minor)*:

<table>
<thead>
<tr>
<th></th>
<th>1st Nominee</th>
<th>2nd Nominee</th>
<th>3rd Nominee</th>
</tr>
</thead>
</table>

3. Relationship with the Nominee*:

<table>
<thead>
<tr>
<th></th>
<th>1st Nominee</th>
<th>2nd Nominee</th>
<th>3rd Nominee</th>
</tr>
</thead>
</table>

4. Percentage Share *:

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
</table>

5. Nominee’s Guardian Details (in case of a minor)*:

<table>
<thead>
<tr>
<th></th>
<th>1st Nominee’s Guardian Details</th>
<th>2nd Nominee’s Guardian Details</th>
<th>3rd Nominee’s Guardian Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
<td>First Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td>Middle Name</td>
<td>Middle Name</td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td>Last Name</td>
<td>Last Name</td>
</tr>
</tbody>
</table>

6. Conditions rendering nomination invalid:

<table>
<thead>
<tr>
<th></th>
<th>1st Nominee</th>
<th>2nd Nominee</th>
<th>3rd Nominee</th>
</tr>
</thead>
</table>

## Section D - Subscriber Scheme Details

<table>
<thead>
<tr>
<th></th>
<th>1st Scheme</th>
<th>2nd Scheme</th>
<th>3rd Scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pension Fund Managers Name/Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheme ID No./Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage Share</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

## Section E - Declaration

I understand that there would be PFRDA approved Terms and Conditions for Subscribers on the CRA website governing 1-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.

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
INSTRUCTIONS FOR FILLING PRAN FORM

a) This form is to be used by State Governments/Union Territories/State Autonomous Bodies employees
b) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
c) Details Marked with (*) are the mandatory fields.
d) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
e) 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.)
f) 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.
g) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Item No</th>
<th>Item Details</th>
<th>Guidelines for Filling the Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A - Subscribers Personal Details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3.</td>
<td>Date of Birth</td>
<td>All Dates Should be in “DDMMYYYY” Format</td>
</tr>
<tr>
<td>2</td>
<td>6.</td>
<td>Present Address</td>
<td>All future communications will be sent to present address.</td>
</tr>
<tr>
<td>3</td>
<td>8, 9, 10</td>
<td>Phone No., Mobile No, &amp; Email ID</td>
<td>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.</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>Subscriber’s Bank Details</td>
<td>If Subscribers mentions any of the bank details, except MICR Code all the bank details will be mandatory.</td>
</tr>
<tr>
<td>Section B - Subscribers Employment Details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3.</td>
<td>PPAN</td>
<td>Kindly provide the PPAN (Permanent Pension Account Number) or equivalent number, if it has been allotted to the subscriber by the respective state government / Union Territory/Central/State Autonomous Bodies.</td>
</tr>
<tr>
<td>6</td>
<td>8 &amp; 9</td>
<td>DTO Reg. No. &amp; DDO Reg. No.</td>
<td>DTO Reg. No. and DDO Reg. No. is the unique Registration number allotted by Central Recordkeeping Agency.</td>
</tr>
<tr>
<td>Section C - Subscriber’s Nomination Details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>4.</td>
<td>Percentage Share</td>
<td>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.</td>
</tr>
<tr>
<td>8</td>
<td>5.</td>
<td>Nominee’s Guardian Details</td>
<td>If a nominee is a minor, then nominee’s guardian details will be mandatory.</td>
</tr>
<tr>
<td>Section D - Subscriber scheme details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Scheme</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Percentage Share</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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 (http://www.npscra.nsdl.co.in).
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 the ‘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 through the respective DTO.
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