



ATAL PENSION YOJANA (APY) - SUBSCRIBER REGISTRATION FORM (Administered by Pension Fund Regulatory and Development Authority)

To,
The Branch Manager, _____ Bank _____ Branch

Dear Sir/Madam,

I hereby request that an APY account be opened in my name under 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* d d / m m / y y y y 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* d d / m m / y y y y _____

Guardian's Name* _____

Whether beneficiary of other statutory social security schemes Yes No

Whether Income Tax Payer Yes No

3. PENSION DETAILS

Pension Amount (Please tick(v)) * 1000 2000 3000 4000 5000

Contribution Amount (Monthly) (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 insufficient balance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with penalty thereon.

Declaration & Authorization by all subscribers

I meet the prescribed eligibility criteria for assistance under APY and 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. 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.

Date d d m / y y y y _____ Signature/Thumb impression* of _____

Place _____ 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 Monthly

Monthly Contribution Amount under APY (in Rs.) _____

Name of the Bank _____

Bank Branch: _____

Receiving Officer's Name: _____

Date of Receipt of Application: _____

Stamp and Signature of the Bank