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

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(√)) *	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 banlance, 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 I 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. Further, 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 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	m	y	y	y	y	**Signature/Thumb Impression* of Subscriber** (* LTI in case of male and RTI in case of female)	
Place										

PROVISIONAL ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY) SUBJECT TO REALISATION OF FUNDS
(To be filled by the Bank)

Name of the Subscriber:		
Bank account 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

PERSONS BORN BEFORE 1ST JUNE 1975 ARE NOT ELIGIBLE