



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

To, The Postmaster SOL ID

Dear Sir/Madam, I hereby request that an APY account be opened in my name under National Pension System (NPS) as per particulars given below:-

* Indicates mandatory fields. Please fill the form in English and BLOCK letters

1. POST OFFICE SAVINGS BANK ACCOUNT Number:-

2. PERSONAL DETAILS: (Please tick(v))

Name of Applicant Shri Smt. Kumari

Full Name

Date of Birth* d d m m y y y y Age as on Last Birthday (Years) Mobile No

Email ID Aadhaar no.

Married (Please tick(v)) Yes No If married , spouse name is mandatory. Spouse will be the default nominee under APY.

Name of Spouse if married* Aadhaar No.

Nominee's Name (if unmarried)* Aadhaar No.

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 (Please tick(v)) Yes No

Whether Income Tax Payer (Please tick(v)) Yes No

3. PENSION DETAILS

Frequency of Contribution (Please tick(v)) * Monthly Quarterly Half Yearly

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

Contribution Amount (in Rs.) (To be filled by the Post Office)

I hereby authorize the Post Office to debit my above mentioned savings 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 overdue interest 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 Post Office of any change in the above information furnished by me. Further, I do not hold any pre-existing account under APY. I further declare that if at any stage, it is found that I have subscribed for APY in multiple Savings Accounts in post offices or banks, I will not be legally eligible for getting refund of the contribution deducted from my other Savings Accounts except one account. 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

Place Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)

FOR OFFICE USE

Form is checked, signature verified with Record Signature of Postmaster with seal

To be filled by the official who collected Form

Name Designation Office of Posting

Mobile No. HPO from which getting Pay Signature & Date

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY) (To be filled by the Post Office)

Name of the Subscriber:

PRAN Number

Guaranteed Pension Amount

Periodicity of Contribution

Contribution Amount under APY (in Rs.)

Post Office SOL ID :

Date of Receipt of Application:

Stamp and Signature of the Post Master