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

To,

The Branch Manager, _____ Bank_____Branch

Dear Sir/Madam,

I hereby request that an APY account be opened in my name under National Pension System (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
Is FATCA/CRS* applicable $	Yes	No

$ FATCA/CRS is applicable for US Persons/Tax Residents other than India. FATCA/CRS Declaration Form needs to be submitted if you are an US person or your Country of Birth / Country of Citizenship / Country of Residence for Tax Purpose is a country other than India.

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 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 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 bank of any change in the above information furnished by me. **Further, I do not hold any pre-existing account under APY.** 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.

I hereby authorize PFRDA to use my Aadhaar details for APY and authenticate my identity through the Aadhaar Authentication system in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and rules and regulations notified thereunder. I have been given to understand that my information submitted to PFRDA herewith shall not be used for any other purpose other than mentioned above, or as per requirement of law.

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	

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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
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**

*Atal Pension Yojana has now been included under the Section 7 of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act 2016. As per the provisions of the act, any individual who is eligible to receive benefits under the scheme will have to furnish proof of possession of Aadhaar number or undergo enrolment under Aadhaar authentication. All new APY registrations will have to comply with the above directives.