



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 Branch*	
Bank Name*			

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

Periodicity of contribution (Please tick(v)) *	Monthly		Quarterly		Half Yearly	
Pension Amount (Please tick(v)) *	1000		2000		3000	
			4000		5000	

Contribution Amount (Monthly/Quarterly) (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.
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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. 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												

**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 (Tick one)	M	o	n	t	h	l	y	Q	u	a	r	t	e	r	l	y
Monthly Contribution/ Quarterly 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									