



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

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 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	Monthly						
Monthly Contribution Amount under APY (in Rs.)							
Name of the Bank							Stamp and Signature of the Bank
Bank Branch:							
Receiving Officer's Name:							
Date of Receipt of Application:							