Doggood																									Page		
Request	For Cl																					in/	PR	AN	Ca	rd	
(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)  PRAN is mandatory. Fill only the field(s)which is/are to be modified with the reviseddetails.																											
I hereby request for	or the follo	wing de	etails f	or the	e chan	ge. (I	Pleas	e ticl	k)														_				
Change o	r Correct	ion in n	name				L				Cha	anges	or Co	rrec	tion	in ot	her l	Perso	onal d	leta	ails		_				
Changes	or Correc	tion in l	Nomin	natio	n deta	ils					Re	eissue	of PI	RAN	Car	d											
Reissue of	f I PIN an	d/or T l	PIN																								
Permanent Retirer	ment Acco	unt Nun	nber *	: [													7										
I hereby submit the following details of change. (Please tick the box on left margin of appropriate row where change/correction is required and provide the details in the corresponding rows.)																											
Section A: Change in Personal Details (Please refer to Sr. No.1 to 5of the instructions for supporting document)																											
Change or Co	orrection	n in Na	ame	(* Ir	ndica	ites N	Man	dat	ory	Fiel	ld)																
1. Full Name (Full	l expanded	l name: ]	Initial:	s are	not pe	rmitte	ed) 	_					_														
Please Tick as app First Name *	plicable	Shri				Sm	ıt.				Kuma	ıri 🗌															
Middle Name																											
Last Name																											
If the correction	in the nan	ne to be	made	e in H	Iindi,	Yes		(Plea	ase pi	rovid	le the	detai	ls in t	he a	nnex	ure	on l	Page	No. 7	7)							
2. Gender : Ma	ale $\square$			F	emale	. 🗌																					
3. Date of Birth	D D	М	M	Y	Y	Y	Y	(Ple	ease re	efer t	to Sr.	No.3	of the	instr	uctio	ns fo	r sur	porti	ing do	ocui	ment	)					
	L .					- 1												•	_								
ı			1		-		1		-																		
4. PAN									] <sub>(I</sub>	PAN	shoul	d be s	uppor	ed b	у сој	py of	PAN	N car	d)								
	se tick $()$	any one)	): Gov	vernm	ent [	P	Privat	e Sec		PAN	,	d be s		ed b	7	py of NRI	PAN	1	d) ners								
5. Category (Pleas		any one)	): Gov	vernm	nent [	P	Privat	e Sec		PAN	,			ed b	7		PAN	1									
5. Category (Pleas		any one)	): Gov	vernm	nent [	P	Privat	e Sec		PAN	,			ed b	7		PAN	1			]					T	
<ul><li>5. Category (Pleas</li><li>6. Father's Full N</li></ul>		any one)	): Gov	vernm	ent [	P	Privat	e Sec		PAN	,			ed b	7		PAN	1									
5. Category (Pleas 6. Father's Full N First Name *		any one)	): Gov	vernm	eent [	P	Private	e Sec		PAN	,			ed b	7		PAN	1									
5. Category (Pleas 6. Father's Full N First Name * Middle Name Last Name	lame:								etor		Self	Empl	oyed			NRI		Oth	ners			he s	nihso	rihe	r. T	his v	zill be
5. Category (Pleas 6. Father's Full N First Name * Middle Name Last Name In case of change	lame:								etor		Self	Empl	oyed			NRI		Oth	ners		to the	hes	ubsc	ribe	r. T	his w	ill be
5. Category (Pleas 6. Father's Full N First Name * Middle Name Last Name Last Name In case of change charged by CRA.	s in detail	s pertai	ining (	to the	point	t 1 or	3 or	6, C	Ctor	hall	Self	Empl	oyed			NRI		Oth	ners		e to th	he s	ubsc	ribe	r. T	his w	rill bo
5. Category (Pleas 6. Father's Full N First Name * Middle Name Last Name In case of change charged by CRA. 7. Present Address	s* (NRIs r	s pertai	ining (	to the	point	t 1 or	3 or	6, C	Ctor	hall	Self	Empl	oyed			NRI		Oth	ners		to the	he s	ubsc	ribe	Tr. T	his w	rill bo
5. Category (Pleas 6. Father's Full N First Name * Middle Name Last Name Last Name Last Name Arged by CRA. 7. Present Address Flat/Unit No, Bloc	s in detail  s* (NRIs r	s pertai	ining (	to the	point	t 1 or	3 or	6, C	Ctor	hall	Self	Empl	oyed			NRI		Oth	ners		to to	he s	ubsc	ribe	r. T	his w	ill be
5. Category (Pleas 6. Father's Full N First Name * Middle Name Last Name In case of change charged by CRA. 7. Present Address Flat/Unit No, Blog	s* (NRIs rek no.	s pertai	ining (	to the	point	t 1 or	3 or	6, C	Ctor	hall	Self	Empl	oyed			NRI		Oth	ners		to the	he s	ubsc	ribe	Tr. T	hhis w	vill be
5. Category (Pleas 6. Father's Full N First Name * Middle Name Last Name Last Name Last Name Arged by CRA. 7. Present Address Flat/Unit No, Bloc	s* (NRIs rek no.	s pertai	ining (	to the	point	t 1 or	3 or	6, C	Ctor	hall	Self	Empl	oyed			NRI		Oth	ners		to the	he s	ubsc	ribe	Tr. T	his w	rill be
5. Category (Pleas 6. Father's Full N First Name *	s in detail  s* (NRIs r  ck no.  Building/V  aluka	s pertai	ining (	to the	point	t 1 or	3 or	6, C	ctor	hall	Self	Empl	oyed			NRI		Oth	ners		to the	he s	ubsc	ribe	r. T	his w	rill be
Middle Name  Last Name  In case of change charged by CRA.  7. Present Address  Flat/Unit No, Block  Name of Premise/	s in detail s* (NRIs r ck no. Building/V aluka	s pertai	ining (	to the	point	t 1 or	3 or	6, C	ctor	hall	Self	Empl	oyed			NRI		Oth	ners		e to th	he s	ubsc	ribe	r. T	his w	vill be
5. Category (Pleas 6. Father's Full N First Name *	s in detail s* (NRIs r ck no. Building/V aluka	s pertai	ining (	to the	point	t 1 or	3 or	6, C	ctor	hall	Self	Empl	oyed			NRI		Oth	ners		to to	he s	ubsc	ribe	T. T	his w	rill be
5. Category (Pleas 6. Father's Full N First Name *	s in detail s* (NRIs r ck no. Building/V aluka	s pertai	ining (	to the	point	t 1 or	3 or	6, C	ctor	hall	Self	Empl	oyed			NRI		Oth	ners		to the	he s	ubsc	ribe	r. T	his w	rill be

Annexure (	CS-S2																								]	Page	<u>2</u>	
8. Permanei	nt Addre	ss*:If s	ame a	ıs abo	ove, I	Please	e Tick		els	se,																		
Flat/Unit 1	No, Block	c no.	-		1	- 1	- 1		1			ı				1	1	1	1	1	1	1	1	1	1	1	1	
Name of Pr	remise/B	uilding	/Villa	ige					1		<u> </u>	1				1	1		1		1	1						
Area/Loca	ality/Talı	ıka																	<u> </u>									
District/Tov	wn/City																											
State / Unio	onTerrito	ry																										
Country																												
Pin Code										]																		
9. Phone No	0.																											
				STE	Coc	de				Pho	ne No																	
10. Mobile	No.																											
11. Email II	D								1			1				1	1		1	1			1			1		
12. Do you	want to s	ubscri	be to	SMS	Aler	ts (To	o be n	nade	avail	able	later,	on a c	harge	eable	basis	s):		Yes			No		]					
 13. Subscribers Bank Details:(please refer to Sr. No. 6 of instruction)  You want to change Bank details of:  Tier II																												
(In case you					etails	s in b	oth T	ier I	 [ & T			ount.	tick	both	chec	k box	<b>(</b> )											
	I Acc																											
Bank A/c N		oun	ι.			Sa	vings	A/c			L		Cui	rent A	A/C	L			1				1				1	
Bank Name																												
Bank Branc	ch																											
Bank Addre	ess																											
Pin Cod	lo.				I					<u> </u>									1									
					L					1																		
	IICR Cod				L							J																
IFS code (Wherever applicable)																												
	( ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	г													 	1												
Tier	II Ac				san	ne a	ıs al	bov	e f	or T	Γier	ΙΥ	es			],												
<b>Tier</b> Saving	II Ac			If:		ne a		bov	e f	or T	Γier	IY	'es			],	_											
Saving	II Ac	coui		If:				bov	ve fo	or 7	Γier	IY	es			],			1				T-		1		T .	
Saving	II Ac	coui		If:				bov	ve fo	or 7	Γier	IY	'es			<u></u>												
Saving Bank A	gs A/c A/c Num	coui		If:				bov	ve fo	or 7	Γier	IY	'es			], 												
Saving Bank A Bank N Bank B	gs A/c A/c Num	coui		If:				bov	ve fo	or 7	Γier	IY	'es			],   												
Saving Bank A Bank N Bank B	gs A/c A/c Num Name Branch	coui		If:				bov	ve fo	or 7	Γier	IY	'es			],												
Saving Bank A Bank N Bank B Bank B Bank A	gs A/c A/c Num Name Branch Address	coui		If:				bov	ve fo	or 7	Γier	IY	'es			],												
Saving Bank A Bank B Bank B Bank A	gs A/c A/c Num Name Branch Address	ber		If:				bov	ve fe	or 7	Γier	IY	'es															
Saving Bank A Bank B Bank B Bank A	gs A/c  A/c Num  Name  Branch  Address  de	coul	nt:	Co				bov	ve fo	or 7	Γier	IY	'es			],												

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Section B - Subscriber's Nomination D	etails (Please refer to Sr. No.7 and 8 of the instructions)	ı
You want to change Nomination details of:	Tier I Tier II	
(In case you want to change nomination details i	n both Tier I & Tier II Account, tick both check box)	
Tier I Account:		
1. Name of the Nominee: 1st Nominee	2nd Nominee	3rd Nominee
First Name*	First Name *	First Name*
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
2. Date of Birth (In case of a minor):  1st Nominee	2nd Nominee	3rd Nominee
3. Relationship with the Nominee:		
1st Nominee*	2nd Nominee*	3rd Nominee *
4. Percentage Share:		
1st Nominee*	2nd Nominee * %	3rd Nominee*
5. Nominee's Guardian Details (in case of a minor):		
1st Nominee's Guardian Details 2nd N First Name	fominee's Guardian Details 3rd Nominee's Guardian First Name	ardian Details First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
Tier II Account: If same as a	above for Tier I Yes else,	
1. Name of the Nominee:		
1st Nominee First Name*	2nd Nominee First Name *	3rd Nominee First Name*
THIS INGINE	THST Name	This Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
2. Date of Birth (In case of a minor):		
1st Nominee	2nd Nominee	3rd Nominee
3. Relationship with the Nominee:  1st Nominee*	2nd Nominee*	3rd Nominee *
150 Frommie		Sid i volimine
4. Percentage Share:  1st Nominee*  %	2nd Nominee * %	3rd Nominee*

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5. Nominee's Guardian Details (in case of a minor):		
1st Nominee's Guardian Details First Name		s Guardian Details Name
First Name	First Name First	Name
Middle Name	Middle Name Midd	lle Name
	<del></del>	<del></del>
Last Name	Last Name Last	Name
	<del></del>	<del></del>
Certified that the above declaration has been signifier he / she has read the entries / entries have employment details is as per employee records a Signature of the Authorised Person Designation of the Authorised Person :	eeen read over to him / her by me and got confirmed by him / vailable with the Corporate.  Rubber S  Name of the Corporate	tamp of the Corporate
Section D – Request for Reissue of I-PIN  I hereby request you to reissue the following  T-PIN I-PIN Section E–Request for Reissue of PRAN  Reissue of T-Pin, I-Pin and reissue of PRAN card	card.	
Declare that the information provided above is tree.  Date:  D D M M Y Y	ne to the best of my knowledge & belief.	Signature/Thumb Impression* of the Subscriber

Annexure CS-S2	<u>Page</u>	<u>e 5</u>
To be filled by POP-SP		
Copy of PAN card submitted : Yes	No No	
	Signature of Authorized Signatory	
	Name : Place :	
	Désignation : Date : D D D M M N	_
POP-SP Seal		
[To be filled by CRA/CRA-FC]		
Received by:	CRA-FC Registration Number:	
Received at:	Date:	
Acknowledgement Number (To be provided by CRA-FC)		
(		

- a. This form is to be used for the purpose of change/correction in subscriber personal details, nominee details, reissue of I-Pin /T-Pin or reissue of PRAN card.
- b. The form is to be submitted at the POP-SP for carrying out the necessary changes.
- c. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant.
- d. Please tick the box on the left margin of appropriate row where change/correction is required' and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- e. Details Marked with (\*) are the mandatory fields.
- f. Mention 12 digits PRAN correctly.
- g. All dates Should be in "DDMMYYYY" Format
- h. Application incomplete in any respect and/or not accompanied by required documents is liable to be rejected. The application is liable to be rejected if mandatory fields are left blank.
- i. Reissue of T-Pin, I-Pin and reissue of PRAN card will be chargeable by the CRA.

j. Subscribers are advised to retain the acknowledgement slip signed/ stamped by the POP-SP where they submit the application

,			ubscriber's Pers		tails						
Sr. No.	Item No.		Guidelines for Filling the Form								
	-	Section	A – Subscriber	's Perso	nal Details						
1.	1.	Full Name			name please provide the requisite proof such as marriage						
2.	2.	Gender	certificate or Gazette copy of name change.								
			Please provide a copy of Gazette Notification supporting the change  Please ensure that this matches with the Date of Birth as indicated in the do								
3.	3.	Date of Birth	provided in support.								
4	5.	Category	RBI from time	to time	would be subject to regulatory requirements as prescribed by and FEMA requirements.						
5.	7& 8.	Present Address& Permanent Address	communication All future com	scriber would need to furnish an Indian address as present address for ion and bank details within India.  sommunications will be sent to present address.  ments accepted as proof of address is given below.							
6.	13	rovide a <b>cancelled cheque</b> , the details of which should match									
		Section 1	the bank details  B - Subscriber's								
		Section			nate a maximum of three nominees.						
7	1 to 4.	Nomination Details	2) Subscriber c 3) Percentage s values shall no 4) Sum of perc	abscriber cannot fill the same nominee details more than once for same tier.  By creentage share value for all the nominees must be integer. Decimals/Fractional sest shall not be accepted in the nomination(s).  By of percentage share across all the nominees must be equal to 100. If sum of the entage is not equal to 100, entire nomination will be rejected.							
8.	5.	Nominee's Guardian Details	If a nominee is	a minor	, then nominee's guardian details shall be mandatory.						
Illustr	ative list of documents	acceptable as proof of iden	tity and address								
No.	Proof of Identity (Co			No.	Proof of Address (Copy of any one)						
1	School Leaving Certif			1	Electricity bill^						
2	Matriculation Certific			2	Telephone bill^						
3		d Educational Institution		3	Depository Account Statement^						
4	Depository Account S			4	Credit Card Statement^						
5	Bank Account Statem	ent / Passbook		5	Bank Account Statement / Passbook^						
6	Credit Card			6	Employer Certificate <sup>^</sup>						
7	Water Bill			7	Rent Receipt^						
8	Ration Card			8	Ration Card						
9	Property Tax Assessm	nent Order		9	Property Tax Assessment Order						
10	Passport			10	Passport						
11	Voter's Identity Card			11	Voter's Identity Card						
12	Driving License			12	Driving License						
13	Member of Legislation Gazetted Officer.	ry signed by a Member of ve Assembly or Municipal	Councilor or a	13	Certificate of address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councilor or a Gazetted Officer.						
	2) You are				be more than six months old on the date of application. tested photocopies (Originals will be returned over-the-						

## GENERAL INFORMATION FOR SUBSCRIBERS

- a) For any further clarification please refer to the PFRDA website www.pfrda.org.in or call on our toll free no. 1800110708
- b) The Subscriber can obtain the status of his/her application from the CRA website or through the respective employer.
- c) For more information

Visit us at http://www.npscra.nsdl.co.in

Call us at 022-24994200

e-mail us at info.cra@nsdl.co.in

Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.