

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

To,	The Branch Manager, <b>The Begusarai Central Co-operative Bank Ltd.,</b> Branc													nch.															
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.																													
BANK DETAILS:																													
••	Bank A/c Number*		Т	T	T	П	Ŧ	Ŧ	T	Т	Т	П	T		T	Ŧ	Т	Ŧ	T	T	Ŧ	Ŧ	T	Ŧ	7	Ŧ	T		1
	Bank Name*			<u></u>												Ba	 ank	Bra	ınch	1*									
2.	PERSONAL DETA	AILS :																											
	Name of Applicant	of Applicant Shri Smt. Kumari																											
	Full Name																												
	Date of Birth* d d / m m / y y y y Age Mobile No.																												
	Email ID Aadhaar Aadhaar																												
	Married Yes No If married, spouse name is mandatory																												
	Name of Spouse Aadhaar Aadhaar																												
	Nominee's Name* Aadhaar																												
	Nominee's relationship with the subscriber																												
	Additional Details in case nominee is a Minor																												
	Date of Birth*																												
	Guardian's Name*																												
	Whether beneficiary of other statutory social security schemes Yes No																												
Whether Income Tax Payer Yes No																													
3.	PENSION DETAILS:																												
	Pension Amount (F	'lease	tick	<b>(√)</b>	)*	1000			1	200			<u> </u>		000	<u>L</u>				000	_		<u> </u>		000	_	<u></u>		
	(in Rs.) under APY as applicable ba								based Ill for in	lebit my above mentioned bank account till the age of 60 for making payment d on my age and the Pension Amount selected by me. If the transaction is insufficient balance. I would not hold the bank responsible. I also undertake to ogether with penalty thereon.													on is						
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 NPS. lunderstand 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: dddmmm yyyyy																													
Plac	Place: Signature/Thumb Impression* of Subscriber (*LTI in case of male and RTI in case of female)																												
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ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)  (To be filled by the Bank)																													
Name of the Subscriber :																													
PRA	AN Number :			$\underline{\bot}$																									
Guaranteed Pension Amount Periodicity of Contribution Monthly																													
Monthly Contribution Amount under APY (in Rs.)																													
Na	me of the Bank :																												
Ва	nk Branch :																												
Receiving Officer's Name :																													
Date of Receipt of Application :														Sta	mp	and	l Sig	gna	ture	of	the	Baı	ık						