## Annexure S5

Covering letter for Subscriber Registration Application Forms (To be submitted by DDO in duplicate on official stationery)

| To    | NSDL CRA,  |
|-------|--|
| Fre   | Date:  |
| DD    | OO Registration Number: OO Name and designation: OO's contact No.:   |
| Su    | closed please find (in words) number of bscriber registration application forms, for the purpose of allotment of rmanent Retirement Account Number (PRAN).           |
|       | he authorized signatory, do hereby declare that what is stated above is correct domplete.  |
| Yo    | urs faithfully,  |
| 02.00 | nature/Name of authorized signatory Acceptance Date and Stamp of FC branch   |
| Ins   | tructions:   |
|       | This covering letter is to be provided by the DDO along with the subscriber registration forms.  |
|       | The total number of forms per covering letter should not exceed 50. If the total subscriber registration forms exceed 50, kindly provide different covering letters. |
|       | Please quote the correct DDO Reg.No. allotted by CRA. The forms are liable to be rejected if incorrect DDO Reg. No. is mentioned.                                    |
|       |  |

| r/Madam,  hereby request that a permanent retirement account number be allotted to me.  give below necessary particulars:  | Application for Allotment of Permanent Retirement Account Number (PRAN)  |                     |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| Acknowledgement No.  Coloured photograph (3.5 cm * 2.5 cm)  Permanent Retirement Account Number: (To be filled by PC after PRAN generation)  (Madam.  Acknowledgement Retirement Account Number: (To be filled by PC after PRAN generation)  (Madam.  Acknowledgement Retirement Account Number: (To be filled by PC after PRAN generation)  (Madam.  Acknowledgement Retirement Account Number: (To be filled by PC after PRAN generation)  (Madam.  Acknowledgement Retirement Account Number: (To be filled by PC after PRAN generation)  (Madam.  Account Personal Details (*Indicates Mandatory Fic'd)  (Madam.  Account Price Presonal Details (*Indicates Mandatory Fic'd)  (Madam.  Account Price Price Price account Number Be allotted to me.  By Suprature Left Thumb Impression of Subscriber in black ank.  (Madam.  Account Price Presonal Details (*Indicates Mandatory Fic'd)  (Madam.  Account Price Pric |  | Tr. co              |  |  |  |  |  |  |  |  |  |  |  |
| To be filled by PC after PRAN generation   | Acknowledgement No. (To be filled by FC)   | Coloured photograph |  |  |  |  |  |  |  |  |  |  |  |
| hereby request that a permanent retirement account number be allotted to me.  give below necessary particulars:  section A - Subscribers Personal Details (* Indicates Mandatory Field)  1. Full Name (Full expanded name: initials are not permitted)  Please Tick as applicable. Shr   Smt   Kumari    First Name *  | Permanent Retirement Account Number: (To be filled by FC after PRAN generation)  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Signature Left Thumb Impression of Subscribers Personal Details (* Indicates Mundatory Field)  1. Full Name (Full expanded name: initials are not permitted) Please Tick as applicable. Shri   Smt.   Kumari   Please Tick as applicable. Shri   Smt.   Kumari   Middle Name  Last Name  2. Gender * Please Tick as applicable. Male   Female  3. Date of Birth *  | Sir/Madam.   |                     |  |  |  |  |  |  |  |  |  |  |  |
| Scection A - Subscribers Personal Details (* Indicates Mandatory Field)    Full Name (Full expanded name: initials are not permitted)   Please Tick as applicable.   Shr   Smt.   Kumari   Middle Name   Last Name   Smt.   Smt.   Kumari   Smt.   Smt. | I hereby request that a permanent retirement account number be allotted to me  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Signature/Left Thumb Impression of Subscriber in black ink  1. Full Name (Full expanded name: initials are not permitted)  Please Tick as applicable. Shri   Smt.   Kumari   Fernale   Smt.   S |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 1. Full Name (Full expanded name: initials are not permitted) Please Tick as applicable, Shri Smt. Kumari  First Name *  Middle Name  Lat Name  2. Gender * Please Tick as applicable, Male Female  3. Date of Birth *  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  5. Father's Full Name  First Name *  Middle Name  Lat Name  6. Present Address:  Flat/Unit No, Block no *  District/Town/City *  Name of Premise/Building/Village  Name of Premise/Building/Village  District/Town/City *  State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick else, Flat/Unit No, Block no *  | and the control of th |                     |  |  |  |  |  |  |  |  |  |  |  |
| Middle Name  Last Name  2. Gender * Please Tick as applicable, Male Female  3. Date of Birth *  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  5. Father's Full Name: First Name *  Middle Name  Last Name  C Present Address: Flau/Linit No, Block no. *  Name of Premise/Building/Village  Area/ locality/Taluka  District/Town/City *  State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If Same as above, Please Tick else, Flau/Linit No, Block no. *  | 1. Full Name (Full expanded name: initials are not permitted) Please Tick as applicable, Shri Smt. Kumari  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Last Name  2. Gender * Please Tick as applicable, Male Female  3. Date of Birth * 4. PAN  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  5. Father's Full Name: First Name *  Middle Name  Last Name  Flat/Unit No, Block no. *  Name of Premise/Building/Village  Area/locality/Taluka  District/Town/City *  State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick else, Flat/Unit No, Block no. *  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 2. Gender * Please Tick as applicable, Male Female  3. Date of Birth * 4. PAN  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  5. Father's Full Name: First Name *  Middle Name  Last Name  Ame of Premise/Building/Village  Area/I coality/Faluka  District/Town/City *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick   else,   Flat/Unit No, Block no. *   | Middle Name  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 3. Date of Birth *  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  5. Father's Full Name:  First Name *  Middle Name  Last Name  1.ast Name  Name of Premise/Building/Village  District/Town/City *  State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick   clse, Flat/Unit No, Block no. *  | Last Name  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 3. Date of Birth *  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  5. Father's Full Name:  First Name *  Middle Name  Last Name  1.ast Name  Name of Premise/Building/Village  District/Town/City *  State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick  | 2 Condon* Discover Title 19 11 11 11 11 11 11 11 11 11 11 11 11  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 5. Father's Full Name: First Name *  Middle Name  Last Name  6. Present Address: Flat/Unit No, Block no. *  District/Town/City *  State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 5. Father's Full Name: First Name *  Middle Name  Last Name  6. Present Address: Flat/Unit No, Block no. *  District/Town/City *  State / Union Territory *  Country *  Pin Code *  Permanent Address: If same as above, Please Tick Flat/Unit No, Block no. *  Flat/Unit No, Block no. *  | 3. Date of Birth * 4. PAN  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Middle Name  Last Name  6. Present Address: Flat/Unit No, Block no. *  Name of Premise/Building/Village  Area/Locality/Taluka  District/Town/City *  Country *  Pin Code *  Pin Code *  7. Permanent Address: If same as above, Please Tick  else, Flat/Unit No, Block no. *   | 5. Father's Full Name:   |                     |  |  |  |  |  |  |  |  |  |  |  |
| Last Name  6. Present Address: Flat/Unit No, Block no. *    Name of Premise/Building/Village   |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 6. Present Address: Flat/Unit No, Block no. *    Name of Premise/Building/Village  | Middle Name  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Flat/Unit No, Block no. *  | Last Name  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Flat/Unit No, Block no. *  | 6. Present Address:  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Area/Locality/Taluka  District/Town/City *  State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick Flat/Unit No, Block no. *  else,   |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| District/Town/City *  State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick Flat/Unit No, Block no. *  Flat/Unit No, Block no. *   | Name of Premise/Building/Village   |                     |  |  |  |  |  |  |  |  |  |  |  |
| State / Union Territory *  Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick Flat/Unit No, Block no. *  else,   | Area/Locality/Taluka   |                     |  |  |  |  |  |  |  |  |  |  |  |
| Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick Flat/Unit No, Block no. *  else,  | District/Town/City *   |                     |  |  |  |  |  |  |  |  |  |  |  |
| Country *  Pin Code *  7. Permanent Address: If same as above, Please Tick Flat/Unit No, Block no. *  else,  | State / Union Territory *  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Pin Code *  7. Permanent Address: If same as above, Please Tick else, Flat/Unit No, Block no. *  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 7. Permanent Address: If same as above, Please Tick else, Flat/Unit No, Block no. *  | Country  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Flat/Unit No, Block no. *  | Pin Code *   |                     |  |  |  |  |  |  |  |  |  |  |  |
|  | 7. Permanent Address: If same as above, Please Tick else,  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Name of Premise/Building/Village   |  |                     |  |  |  |  |  |  |  |  |  |  |  |
|  | Name of Premise/Building/Village   |                     |  |  |  |  |  |  |  |  |  |  |  |
| Area/Locality/Taluka   | Area/Locality/Taluka   |                     |  |  |  |  |  |  |  |  |  |  |  |
| District/Town/City *   | District/Town/City *   |                     |  |  |  |  |  |  |  |  |  |  |  |
| State / Union Territory *  | State / Union Territory *  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Country *  | Country *  |                     |  |  |  |  |  |  |  |  |  |  |  |
|  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Pin Code *   | Pin Code *   |                     |  |  |  |  |  |  |  |  |  |  |  |
| 8. Phone No.   |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| STD Code Phone No.   |  |                     |  |  |  |  |  |  |  |  |  |  |  |

| 10. Email ID  11. Subscribers Bank Details: Please refer instruction no. f (4)  Bank A/c Number  Bank Name  Bank Branch  Bank Address  Pin Code |  |
|---|--|
| Bank A/c Number  Bank Name  Bank Branch  Bank Address   |  |
| Bank A/c Number  Bank Name  Bank Branch  Bank Address   |  |
| Bank Branch Bank Address  |  |
| Bank Address  |  |
|   |  |
|   |  |
| Pin Code  |  |
|   |  |
| Bank MICR Code (Wherever applicable)  |  |
|   |  |
| no la   |  |
| ii) Email Alert: Yes No   |  |
| hat is stated above is true to the best of my information & belief.   | •  |
| Date:   |  |
| D D M M Y Y Y Y   |  |
| D D M M Y Y Y   | Signature/Left Thumb<br>Impression of Subscriber |
| Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory  | ) 2 2  |
| 1. Date of Joining 2. Date of Retirement D D M M Y Y Y Y D D D  | M M Y Y Y Y                                      |
|   |  |
| (Trease refer to instructions No  | .5.)   |
| 4 Group of the Employee (Please Tick) Group A Group B Group C   |  |
| 4. Group of the Employee (Please Tick) Group A Group B Group C Group D Group D  |  |
| 4. Group of the Employee (Please Tick) Group A Group B Group C Group D  5. Office   |  |
|   |  |
| 5. Office 6. Department   |  |
| 5. Office   |  |
| 5. Office 6. Department   |  |
| 5. Office 6. Department   |  |
| 5. Office 6. Department 7. Ministry   |  |
| 5. Office 6. Department 7. Ministry 8. DDO Registration Number 9. DTO Registration Number   |  |
| 5. Office  6. Department  7. Ministry  8. DDO Registration Number  (Please refer to instructions No.6.)   |  |

| Annexure S1   |  | Page 3   |
|---|--|--|
| Section C - Subscriber's Nomination   | on Details (* Indicates Mandatory Field for nominee) |  |
| 1. Name of the Nominee *:   |  |  |
| Ist Nominee First Name *  | 2nd Nominee  | 3rd Nominee  |
| Trist ivanic  | 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 *:  | % 2nd Nominee 9/                                     | 5 3rd Nominee  |
|   |  | 6 3rd Nominee  |
| <ol> <li>Nominee's Guardian Details (in case of a minor)<sup>3</sup></li> <li>1st Nominee's Guardian Details</li> </ol> |  | d Nominee's Guardian Details   |
| First Name *  | First Name *   | First Name *   |
|   |  |  |
| Middle Name   | Middle Name  | Middle Name  |
|   |  | Wildle Name  |
| Last Name   | Later  |  |
| Last (vaine   | Last Name  | Last Name  |
|   |  |  |
| . Conditions rendering nomination invalid:  |  |  |
| 1st Nominee   | 2nd Nominee  | 3rd Nominee  |
|   |  |  |
|   |  |  |
| Section D - Subscriber Scheme Deta  | nils   |  |
| 1st Scheme  | 2nd Scheme   | 3rd Scheme   |
| Pension Fund Managers Name/Code   | Pension Fund Managers Name/Code                      | Pension Fund Managers Name/Code  |
|   |  |  |
| Scheme ID No./Name  | Scheme ID No./Name                                   | Scheme ID No./Name   |
|   |  | de   |
| Percentage Share  | Percentage Share                                     | Percentage Share   |
| %   | - %  |  |
|   |  |  |
| Section E - Declaration   |  |  |
|   |  |  |
| I understand that there would be PFR  | DA approved Terms and Conditions for Subsc           | ribers on the CRA website governing I-   |
| Pin (to access CRA / NPSCAN and vi  | iew details) & T-pin. I agree to be bound by the     | said terms and conditions and understand   |
| that CRA may, as approved by  | PFRDA, amend any of the services comp                | oletely or partially without any new   |
| Declaration/Undertaking being signed  |  |  |
|   |  |  |
|   |  |  |
| what is stated above is true to the best of my inform   | , the applicant, do hereby d                         | eclare that  |
| what is stated above is true to the best of my inform   | HAITOH & DEHEL.                                      |  |
| Date:   |  |  |
| D D M M Y Y Y   | Y  | Signature/Left Thumb   |
|   |  | Impression of Subscriber   |
|   |  | The state of the s |

## INSTRUCTIONS FOR FILLING PRAN FORM

- a) This form is to be used by State Governments and Union Territories employees.
- b) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only
- c) Details Marked with (\*) are the mandatory fields.
- d) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- e) 'Individual' Subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- f) Signature /Left thumb impression should only be within the box provided in the form. The signature should not be on the photograph. If there is any mark on the photograph such that it hinders the clear visibility of the face of the Subscriber, the application will not be accepted.
- g) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

| Sr.<br>No.  | Item No Item Details Guidelines for Filling the Form   |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| Section A - Subscribers Personal Details  |  |  |  |  |  |  |  |  |  |  |  |
|   | 3. Date of Birth All Dates Should be in "DDMMYYYY" Format  |  |  |  |  |  |  |  |  |  |  |
| 2   | 7 Tresent Address 7th future communications will be sent to present address.   |  |  |  |  |  |  |  |  |  |  |
| 3   | 8, 9, 10   | Phone No., Mobile No,<br>& Email ID  | It is advisable to mention either "Telephone number" or "Mobile number" or "Emid" so that Subscriber can be contacted in future for any discrepancy.   |  |  |  |  |  |  |  |  |
| 4   | 11   | Subscriber's Bank<br>Details   | If Subscribers mentions any of the bank details, except MICR Code all the bank details will be mandatory.  |  |  |  |  |  |  |  |  |
|   |  | Section 1  | B - Subscribers Employment Details   |  |  |  |  |  |  |  |  |
| DDO   | riber and should be verifi   | eriber's Employment details<br>led by the Authorised Signate<br>g / Striking off of any of the o | in the application. The employment details should be filled by the respective DDO of the ory.  employment details.  Kindly provide the PPAN (Permanent Pension Account Number) or equivalent |  |  |  |  |  |  |  |  |
| 5   | 3.   | PPAN   | number, if it has been allotted to the subscriber by the respective state government / Union Territory.  |  |  |  |  |  |  |  |  |
| 6   | 6 8 & 9 DTO Reg. No. & DDO Reg. No. and DDO Reg. No. is the unique Registration number allotted by Central Recordkeeping Agency. |  |  |  |  |  |  |  |  |  |  |
|   |  | Section 6  | C - Subscriber's Nomination Details  |  |  |  |  |  |  |  |  |
| 7   | Subscriber can nominate maximum of three nominees. Subscriber can not fill the same nominee details more than once.              |  |  |  |  |  |  |  |  |  |  |
| 8   | 5.   | Nominee's Guardian<br>Details  | If a nominee is a minor, then nominee's guardian details will be mandatory.  |  |  |  |  |  |  |  |  |
|   |  | Section  | on D - Subscriber scheme details   |  |  |  |  |  |  |  |  |
| If the Subscriber is unable to mention the Scheme details i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest Facilitation Centre (FC) for information or the Subscriber can also search for the scheme details on http://www.npscra.nsdl.co.in  Subscriber can select maximum three schemes. Details of the schemes are available on http://www.npscra.nsdl.co.in Subscriber can not fill the same scheme details more than once. If a scheme name is filled in the form for scheme setup there must be a PFM name and percentage contribution filled for that scheme. |  |  |  |  |  |  |  |  |  |  |  |
| If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable.  Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount.  Percentage Share  Percentage Share  Percentage contribution value for all the schemes must be integer. Fractional value will not be accepted. If the sum of contributions (in percentage) across all the schemes is not equal to 100, the balance will be allotted to the default scheme approved by PFRDA.  |  |  |  |  |  |  |  |  |  |  |  |

## GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- a) Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (http://www.npscra.nsdl.co.in).
- b) The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.
- c) The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
- d) 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.

|  | CEN                 |               | STATE OF THE PARTY |             | The state of the s |                       |              |             |             |            |       | AC            | E       | 1C          | Y     |                 |              |      |       |     |    |
|--|---------------------|---------------|--|-------------|--|-----------------------|--------------|-------------|-------------|------------|-------|---------------|---------|-------------|-------|-----------------|--------------|------|-------|-----|----|
| (To avoid mistar form is to be used for the pure ernments and Union Territories.   | rpose of            | ase rea       | ad the   | acc         | omp  | STR<br>anyin<br>rawii | g ins        | truct       | ions        | care       | fully | befo<br>Offic | ore fil | lling<br>DO | up tl | ne foi<br>ad ea | rm)<br>quiva | lent | entit | ies | in |
| DDO Registr  | ation Nur           | nber          | :  | Г           | 1  | 1                     | T            | _           |             |            |       | _             |         | 1           |       |                 |              |      |       |     |    |
| (To be allo  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| We are pleased to inform you<br>The details required for registr   | that our ation in t | Draw<br>the C | ving<br>RA   | and<br>syst | Dis  | sburs<br>are a        | sing<br>as p | Off<br>rovi | fice<br>ded | has<br>bel | dec   | ideo          | d to    | join        | the   | Nev             | w Pe         | nsio | n Sy  | ste | m. |
| . DDO TAN (Optional):  |                     |               |  |             |  |                       |              |             |             | T          | T     |               | 1       |             |       |                 |              |      |       |     |    |
| (Refer to instruction no.11)   |                     |               |  |             |  |                       |              |             |             |            |       |               | 1       |             |       |                 |              |      |       |     |    |
| Name of the DDO Office*:   |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| DDO Address:   |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| Flat/Unit No, Block no. *  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       | L   |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| Name of Premise/Building/V   | Village             |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| Area/Locality/Taluka   |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| District/Town/City *   |                     |               |  | 7           |  |                       |              |             |             |            |       |               |         |             |       | 7               | ž            |      |       |     |    |
| State / Union Territory *  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| The state of the s |                     |               |  |             | Γ  |                       |              |             |             |            | Τ     |               |         |             |       |                 |              |      | T     | 1   |    |
| Country *  |                     |               |  |             | _  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| Pin Code *   |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| T III Code   | Phor                | ne No         | ). *   |             |  | 1 1                   | T            |             |             | -          |       | T             | 1       |             |       |                 |              |      |       |     |    |
|  |                     |               |  | (ST         | D c  | ode                   | )            | _           |             | (F         | hor   | ie N          | (0.)    |             |       |                 |              |      |       |     |    |
| Alternate Phone No:  |                     |               |  |             |  |                       |              | 7           | Г           |            |       |               | T.      |             |       | _               |              |      |       |     |    |
|  |                     |               |  |             |  |                       | 1            |             | L           |            |       |               |         |             |       |                 |              |      |       |     |    |
| Official Email ID* (Refer to   | instructi           | on n          | 0.5)   |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  | - (S-1/H)   |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| Authorised contact persons of  | lesionatio          | on *•         |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| Name of the Department:  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 | 5 46         |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
| (a) Name of the Ministry *:  | (Refer to           | o ins         | truci  | tion        | no.  | 5)                    |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               |         |             |       |                 |              |      |       |     |    |
|  |                     |               |  |             |  |                       |              |             |             |            |       |               | 700     |             |       |                 |              |      |       |     |    |

| Annexure N3   |   |   | Page 2                      |  |  |  |  |  |  |  |  |
|---|---|---|-----------------------------|--|--|--|--|--|--|--|--|
| (b) Existing DDO Code*:   | (Refer instruction                            | n no. 7)                                  | No.                         |  |  |  |  |  |  |  |  |
| 8. DTO Registration Number*: (To be filled by DTO)  | (Re   | efer instruction r                        | 10.8)                       |  |  |  |  |  |  |  |  |
| 9. Name of the State Govt. / Union Territory*:  |   |   |                             |  |  |  |  |  |  |  |  |
| I/We hereby agree and declare that the information provi  | ded in the applica                            | ation, is complet                         | e and true.                 |  |  |  |  |  |  |  |  |
| Date:   |   |   |                             |  |  |  |  |  |  |  |  |
|   |   |   | Place:                      |  |  |  |  |  |  |  |  |
| Signature of Autho  | rised Signatory                               | of DDO                                    |                             |  |  |  |  |  |  |  |  |
| DDO Stamp   |   |   |                             |  |  |  |  |  |  |  |  |
| Name of Authorised Signatory :  |   |   |                             |  |  |  |  |  |  |  |  |
| To be attested by DTO   |   | Date:                                     |                             |  |  |  |  |  |  |  |  |
|   |   | Place:                                    |                             |  |  |  |  |  |  |  |  |
|   |   |   |                             |  |  |  |  |  |  |  |  |
|   |   | Name of Auth                              | norised Signatory :         |  |  |  |  |  |  |  |  |
| Signature of Authorise  | d Signatory                                   | -   |                             |  |  |  |  |  |  |  |  |
| DTO Stamp DTO Reg. No. (Allotted by CRA)  |   |   |                             |  |  |  |  |  |  |  |  |
| (Refer instruction no.9)  |   |   |                             |  |  |  |  |  |  |  |  |
|   |   |   |                             |  |  |  |  |  |  |  |  |
|   | Received on                                   | -   |                             |  |  |  |  |  |  |  |  |
|   | Name of the o                                 | officer:                                  |                             |  |  |  |  |  |  |  |  |
|   | Signature of t                                | he officer:                               |                             |  |  |  |  |  |  |  |  |
| (To be filled at CRA)  CRA Stamp  |   |   |                             |  |  |  |  |  |  |  |  |
| <ol> <li>Instructions for filling the form:         <ol> <li>The form is to be submitted to the address - 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.</li> <li>Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.</li> <li>The form should be filled up completely. Details marked with (*) are mandatory fields.</li> <li>Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.</li> <li>Email ID should be the official Email ID of the Drawing and Disbursing Officer &amp; not of any individual person.</li> <li>Kindly provide Name of the Ministry under which DDO office is functioning.</li> <li>Kindly mention the DDO code allotted by respective State Governments / Union Territories.</li> <li>Kindly mention DTO Registration No. allotted by CRA to the District Treasury Office.</li> <li>Form has to be duly authorised by DTO registered at CRA. Till it has been registered, it shall retain the forms.</li> </ol> </li> </ol> |   |   |                             |  |  |  |  |  |  |  |  |
| <ul> <li>10. The application form in the prescribed formate (http://www.npscra.nsdl.co.in).</li> <li>11. TAN is the Tax Deduction and Collection Account N character alphanumeric number with the following struct First four digits (Alphabets), Next Five digits (Numeric) and the prescribed formation in the prescribed formation.</li> </ul>   | t can be freely<br>umber allotted, by<br>ure: | y downloaded Income Tax Department        | from the CRA website        |  |  |  |  |  |  |  |  |
| It is advisable that DDO verifies from the Income Tax we 12. For more information contact CRA at 022-24994200 or v Depository Limited, 4th Floor, 'A' Wing, Trade World, Mumbai - 400 013.  | osite whether TAN<br>write to CRA at Cen      | has been allotted a<br>tral Recordkeeping | Agency, National Securities |  |  |  |  |  |  |  |  |