

ATAL PENSION YOJANA (APY) -

SUBSCRIBER REGISTRATION

(Administered by Pension Fund Regulatory and Development Authority)

To, The Postmaster																									
Dear Sir/Madam, I hereby requiest that an APY account be opened in my name under National Pension System (NPS) as per particulars given below:- * Indicates mandatory fields. Please fill the form in English and BLOCK letters.																									
* Indicates mandatory fields. Please fill the form in English and BLOCK letters																									
1. POST OFFICE SAVINGS BANK ACCOUNT Number:-																									
2. PERSONAL DETAILS: (Please tick)		unioc																							
Name of Applicant	•//		Shri		Sn	nt.			1	Kumari															
Full Name							1		-																
			-	1	, , , , , , , , , , , , , , , , , , , 									-				. 1			-			-	
Date of Birth*	d	d n	n m	У	УУ	У	Age as o	on Last	Birth	nday (Year	s)					Mot	oile N	١O							
Email ID															Aadha										
Married (Please tick(V))	Yes	N	0				If marr	ied , s	pous	e name is	mand	latory	/. Spouse	will be	the d	efau	lt no	omi	nee	und	er A	NPY.			
Name of Spouse if married*													Aadhaar No												
Nominee's Name (if unmaried)*						Aadhaar N									ar N	0.									
Nominee's Relationship with the su	hscriher*																								
Additional Details in case nominee		r																							
Date of Birth*	1 .I . I	Т	n y	УУ	У																				
Guardian's Name*																									
Whether beneficiary of other statu	tory social	l secu	irity scl	hemes	s (Please t	tick(√))							Ye		N									
Whether Income Tax Payer (Please	tick(√))													Ye	s	N	0					_	_		
3. PENSION DETAILS																	-						-	-	
Frequency of Contribution (Please	tick(√)) *					Mont	hly						Quarte		┯┻			1	Half	Yea	-				-
Pension Amount (Please tick(v)) *	г				1000					2000			300	0			4000)			50	000			
Contribution Amount (in Rs.) (To be filled by the Post Office)							I hereby authorize the Post Office to debit my above mentioned savin under APY as applicable based on my age and the Pension Amount se effected at all for insufficient balance, I would not hold the bank respo amount together with penalty thereon.										selected by me. If the transaction is delayed or not								
account under APY. I further declare tha contribution deducted from my other Savi have understood the APY guidelines. I fur Date Place Form is checked, signature verified	ings Accoun ther agree t d d 1	o be b m r	ept one	accour	nt. I underst rms and co	tand t onditio	hat I shall ins of prov ure/Thu	be fully rision of mb Im	y liable servi press	e for submis ices under th sion* of St TI in case of	sion of ne sche ubscri	f any f me as ber (*	alse or inco approved b	rrect info	ormatio	on or	docu								
						To be filled by the official who collected Form							Signature of Postmaster with seal												
Namo													Office	Doctio	~										
NameOffice of Posting Mobile NoHPO from which getting PaySignature & Date																									
****										E XXXXXX										XXX	xxx				
			ni - Sl	JESCR	IBER REG	ISTR	ATION F	UR AT	al Pi	ENSION YO	JJANA	A (AP	r) (To be	Tilled b	y the	Post	Offi	ce)							
Name of the S		:							- 1							-	-	-		-1		1			
PRAN Nu															1										
Guaranteed Pen																									
Periodicity of C			der AP	Y (in R	ls.)																				
Post Office SOL ID :				. , 1	,																				
Date of Receipt of Application:														Stam	ıp anı	d Sig	natu	<u>re</u> o	of th	<u>e P</u> o	ost I	Mast	ter		