Form-ISS-1

National Pension System (NPS)

Subscriber Shifting

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only, All fields / sections marked in * are mandatory.) (Please tick the respective block which is applicable to you)					
A. General Information:					
I) NAME *					
II) PRAN (Permanent Retirement Account Number) *					
III) Existing PRAN association (refer Instruction no. I) a) Sector: * Central Government					
b) DDO / CBO / POP-SP Reg. No: *					
c) DDO / CBO / POP-SP Name: *					
IV) Target PRAN association (refer Instruction no. II)					
a) Sector:* Central Government State Government All Citizens of India (UOS) Corporate Sector					
b) DDO / CBO / POP-SP Reg No: *					
c) DDO / CBO / POP-SP Name: *					
B. Additional information for subscribers shifting to All Citizens of India - UOS					
V. Subscriber Scheme Preference					
a) PFM (Name in alphabetical order) Please tick only one					
1 DSP BlackRock Pension Fund Managers Private Limited 2 HDFC Pension Management Company Limited 3 ICICI Pension Fund Management Company Limited 4 Kotak Mahindra Pension Fund Limited 8 UTI Retirement Solutions Limited					
(Selection of PFM is mandatory both in Active and Auto Choice. In case you do not indicate a choice of PFM, your application form shall be summarily rejected).					
b) Investment Option (refer Instruction no. VI & VII) Active Choice					
Note:- 1. In case you do not indicate any investment option, your funds will be invested in Auto Choice 2. In case you have opted for Auto Choice, DO NOT fill up section (V.c) below relating to Asset Allocation. In case you do, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice.					
c) Asset Allocation table (to be filled up only in case you have selected the 'Active Choice' investment option)					
E C G Total					
Asset Class (Cannot exceed 50%) % share 100%					
Note:- The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP. VI. KYC details (Applicable only if subscriber is shifting from Government Sector) (Refer instruction no. X) a) KYC document accepted for identify proof: b) KYC document accepted for address proof: c) Document accepted for Date of birth proof:					
C. Additional information for subscribers shifting to Central Government or State Government (to be filled by target DDO) (Please refer to instruction No. VIII & IX)					
VII. Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory) a) Date of Joining: D D M M Y Y Y Y D D M M Y Y Y Y					
c) Group of the Employee A B C D					

d) Office						
e) Department						
f) Ministry						
g) Basic Salary						
h) Pay Scale						
Certified that the above of	eclaration has been signed / thumb impressed before me by					
after he / she has read the	entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment erecords available with the Department.					
Signature of the Authoris	ed Person					
Designation of the Author	rised Person Rubber Stamp of the DDO					
	Name of the DDO					
Date :	Department / Ministry					
VIII Cubaadhada Daal	Details (The subscribe shall associate a supplied the supplied to the details of which should not the book details associated).					
a) Bank A/c Number	Details* (The subscribe shall provide a cancelled cheque, the details of which should match the bank details provided)					
b) Bank Name						
c) Bank Branch						
d) Bank Address						
e) Pin Code						
f) Bank MICR Code						
g) IFS code (Wherever applicable)						
	D. Additional information for subscribers shifting to Corporate Sector (to be verified by the Corporate Office of the subscriber concerned)					
D. Additional infor	mation for subscribers shifting to Corporate Sector (to be verified by the Corporate Office of the subscriber concerned)					
D. Additional information of the state of th						
IX. Subscribers Employ	ment and PAN Details					
IX. Subscribers Employ a) Date of Joining*:	ment and PAN Details					
IX. Subscribers Employ a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above cafter he / she has read the	ment and PAN Details D D M M Y Y Y Y					
a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above of after he / she has read the per employee records available.	ment and PAN Details D D M M Y Y Y Y					
a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above of after he / she has read the per employee records available.	ment and PAN Details D D M M Y Y Y Y					
a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above after he / she has read the per employee records ava. Signature of the Authoris	ment and PAN Details D D M M Y Y Y Y					
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a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above cafter he / she has read the per employee records ava. Signature of the Authorist Designation of the Author. X. Subscriber's Bank D	ment and PAN Details D D M M Y Y Y Y					
a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above cafter he / she has read the per employee records available. Signature of the Authoris Designation of the Author. X. Subscriber's Bank D a) Bank A/c Number	ment and PAN Details D D M M Y Y Y Y					
a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above after he / she has read the per employee records ava Signature of the Authorist Designation of the Author X. Subscriber's Bank D a) Bank A/c Number b) Bank Name	ment and PAN Details D D M M Y Y Y Y					
a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above after he / she has read the per employee records available. Signature of the Authoris Designation of the Authoris X. Subscriber's Bank D a) Bank A/c Number b) Bank Name c) Bank Branch	ment and PAN Details D D M M Y Y Y Y					
a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above after he / she has read the per employee records available. Signature of the Authoris Designation of the Authoris X. Subscriber's Bank D a) Bank A/c Number b) Bank Name c) Bank Branch	ment and PAN Details D D M M Y Y Y Y					
a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above after he / she has read the per employee records available. Signature of the Authoris Designation of the Authoris X. Subscriber's Bank D a) Bank A/c Number b) Bank Name c) Bank Branch d) Bank Address	ment and PAN Details D D M M Y Y Y Y					

XI. Subscriber Sch	eme Preference (Applicab	e only if the target Corporate	has given the o	ption of selecting scher	me preference to the a	ssociated employees)
a) PFM (Name in al	phabetical order)	Please tick only one				
2 HDFC Pension 3 ICICI Pension	ck Pension Fund Managers n Management Company I n Fund Management Comp Ira Pension Fund Limited	imited		•	l Pension Fund Limite nds Private Limited	ed
(Selection of PFM i	s mandatory both in Active	and Auto Choice. In case you do	not indicate a c	hoice of PFM, your app	plication form shall be	summarily rejected).
b) Investment Option	on (refer Instruction no. VI &	z VII)				
	et indicate any investment of	uto Choice stion, your funds will be invested		2	•	r to the Offer Document) ion instructions will be ignored and
•	nade as per Auto Choice, DO	NOT IIII up section (v.c.) below	relating to Asse	t Allocation. In case you	u do, the Asset Allocat	ion instructions will be ignored and
c) Asset Allocation	table (to be filled up only in	case you have selected the 'Act	ive Choice' inve	estment option)		
Asset Class	Е	С		G	Total]
% share					100%	pplication shall be rejected by the POP.
*	1 1					
CRA may, as appro-		of the services completely or par	ny PRAN will be	elong after processing o	of this Intersector Shifti	ng request) and understand that i. Further, I agree to pay all the
Date		Signature/Left Thumb impression	on of Subscriber	*		
		For Officie use only (To b	oe filled up by th	e officer accepting the	form)	
Received by:				PAO/POP -SP Regist	tration Number:	
Received at:			_	Date:	Time Stamp:	
Details verified by:				Date:	Time stamp:	
Receipt Number Iss	ued by the receiving office	only for POP-SP)				

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Instructions for filling the form

- I. Details of the DDO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / POP-SP with which the PRAN will be associated.
- III. Please quote the correct PRAN and attach a copy of the PRAN Card
- IV. This form is to be used by the subscriber only
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a subscriber is shifting from one State Government to another State
- VI. Active choice Under Active choice, subscribers have an option to choose a fund manager and provide the ratio in which his / her funds are to be invested among asset classes
- a. PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.
- b. Allocation under Equity (E) cannot exceed 50%
- c. A subscriber opting for active choice may select the available asset classes ("E", "G", & "C"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.
- VII. Auto choice Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber.
- A subscriber opting for Auto Choice must also select a PFM. The application shall be rejected if the subscriber does not indicate his/her choice of PFM.
- In case both investment option and the asset allocation table are left blank, the subscriber's funds will be invested as per Auto Choice
- For more details on investment options and asset classes, please refer to the Offer Document..

VIII. Employment details are to be captured in CRA system by the target PAO/DTO along with other details, if the subscriber is shiifting from UOS to Central / State Government sector

IX. PAO/DTO have to modify the employment details of the subscriber after the shifting of the PRAN, in case of subscriber shifting from Central Government to State Government or vice versa or across two State Governments, i.e, both existing and new PRAN association are Government Sectors

X. Illustrative list of documents acceptable as proof of identity and address

No.	Proof of Identity (Copy of any one)				
i)	School Leaving Certificate				
ii)	Matriculation Certificate				
iii)	Degree of Recognized Educational Institution				
iv)	Depository Account Statement				
v)	Bank Account Statement / Passbook				
vi)	Credit Card				
vii)	Water Bill				
viii)	Ration Card				
ix)	Property Tax Assessment Order				
x)	Passport				
xi)	Voter's Identity Card				
xii)	Driving License				
xiii)	PAN Card				
xiv)	Certificate of identity signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.				

No.	Proof of Address (Copy of any one)
i)	Electricity bill^
ii)	Telephone bill^
iii)	Depository Account Statement^
iv)	Credit Card Statement^
v)	Bank Account Statement / Passbook^
vi)	Employer Certificate [^]
vii)	Rent Receipt^
viii)	Ration Card
ix)	Property Tax Assessment Order
x)	Passport
xi)	Voter's Identity Card
xii)	Driving License
	Certificate of address signed by a Member of
	Parliament or Member of Legislative Assembly or
xiii)	Municipal Councillor or a Gazetted Officer.
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Note:

- 1) Proof of Address mentioned in Sr. No. i) to vii) (^) should not be more than six months old on the date of application.
- 2) You are required to bring original documents & two self-attested photocopies (Originals will be returned over-the-counter after verification)