National Pension System (NPS)	Form-ISS-1
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 All Citizens of India (UOS) Corporate Sector	
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 5 LIC Pension Fund Limited	_
2 HDFC Pension Management Company Limited 6 Reliance Capital Pension Fund Limited	
3 ICICI Pension Fund Management Company Limited 7 SBI Pension Funds Private 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 Auto Choice (For details on Auto Choice, please refer to the Offer Document)
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 investment will be made as per Auto Choice.	gnored and
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%) C G Total	
% 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	ed 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. 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	Y Y Y
c) Group of the Employee A B C D	

d) Office	
,	
e) Department	
f) Ministry	
g) Basic Salary	
h) Pay Scale	
after he / she has read the	declaration has been signed / thumb impressed before me by e 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 e records available with the Department.
Signature of the Authorit	sed Person
Designation of the Author	prised Person Rubber Stamp of the DDO
Date :	Name of the DDO
	Department / Ministry
VIII. Subscriber's Ban	x Details* (The subscribe shall provide a cancelled cheque, the details of which should match the bank details provided)
a) Bank A/c Number	
b) Bank Name	
.,	
c) Bank Branch	
d) Bank Address	
e) Pin Code	
f) Bank MICR Code	
g) IFS code (Wherever	
D. Additional infor	mation for subscribers shifting to Corporate Sector (to be verified by the Corporate Office of the subscriber concerned)
IX. Subscribers Employ	rment and PAN Details
a) Date of Joining* :	D D M M Y Y Y Y D D M M Y Y Y Y
c) Employee ID*	
c) Employee ID* d) CHO Reg No*:	e) PAN :
d) CHO Reg No*:	
d) CHO Reg No*: Certified that the above after he / she has read the	declaration has been signed before me by
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d) CHO Reg No*: Certified that the above after he / she has read the per employee records av Signature of the Authoria Designation of the Author	declaration has been signed before me by e 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 details is as ailable with the Corporate. sed Person prised Person Rubber Stamp of the Corporate
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 d) CHO Reg No*: Certified that the above a after he / she has read the per employee records av. Signature of the Authorize Designation of the Authorize X. Subscriber's Bank D a) Bank A/c Number b) Bank Name c) Bank Branch 	declaration has been signed before me by e 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 details is as ailable with the Corporate. sed Person prised Person Rubber Stamp of the Corporate
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 d) CHO Reg No*: Certified that the above a fiter he / she has read the per employee records av. Signature of the Authorize Designation of the Authorize Designation of the Author X. Subscriber's Bank D a) Bank A/c Number b) Bank Name c) Bank Branch d) Bank Address 	declaration has been signed before me by e 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 details is as ailable with the Corporate. sed Person prised Person Rubber Stamp of the Corporate
 d) CHO Reg No*: Certified that the above after he / she has read the per employee records av Signature of the Authoria Designation of the Author X. Subscriber's Bank D a) Bank A/c Number b) Bank Name c) Bank Branch d) Bank Address e) Pin Code 	declaration has been signed before me by

XI. Subscriber Scheme Preference (Applical	le only if the target Corporate has g	iven the option of selecting sch	eme preference to the associated employees)
a) PFM (Name in alphabetical order)	Please tick only one		
1 DSP BlackRock Pension Fund Manager 2 HDFC Pension Management Company 3 ICICI Pension Fund Management Com 4 Kotak Mahindra Pension Fund Limited	Limited	7 SBI Pension Fu	und Limited
(Selection of PFM is mandatory both in Active	and Auto Choice. In case you do not	indicate a choice of PFM, your a	pplication form shall be summarily rejected).
b) Investment Option (refer Instruction no. VI	<u>& VII)</u>		
Note:- 1. In case you do not indicate any investment of		auto Choice	Auto Choice, please refer to the Offer Document) ou do, the Asset Allocation instructions will be ignored and
c) Asset Allocation table (to be filled up only in	case you have selected the 'Active C	hoice' investment option)	
Asset Class E % share Note:- The allocation across E, C and G asset c	C lasses must equal 100%. In case, the a	G Illocation is left blank and/or doe	Total 100% s not equal 100%, the application shall be rejected by the POP.
 a) KYC document accepted for identify proof : b) KYC document accepted for address proof : c) Document accepted for Date of birth proof 			
	for the target sector (in which my PR of the services completely or partially		ors): of this Intersector Shifting request) and understand that Jndertaking being signed. Further, I agree to pay all the
Date	Signature/Left Thumb impression of	Subscriber*	
	For Officie use only (To be fill	ed up by the officer accepting the	e form)
Received by:		PAO/POP -SP Regi	stration Number:
Received at:		Date:	Time Stamp:
Details verified by:		Date:	Time stamp:
Receipt Number Issued by the receiving office	(only for POP-SP)		
	XXXXXXXXXX	xxxxxxxxxxxxxx	

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 Governemnt 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 shifting from UOS to Central / State Governemnt 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)	[]	No.
i)	School Leaving Certificate		i)
ii)	Matriculation Certificate		ii)
iii)	Degree of Recognized Educational Institution		iii)
iv)	Depository Account Statement		iv)
v)	Bank Account Statement / Passbook		v)
vi)	Credit Card		vi)
vii)	Water Bill		vii)
viii)	Ration Card		viii
ix)	Property Tax Assessment Order		ix)
x)	Passport		x)
xi)	Voter's Identity Card		xi)
xii)	Driving License		xii)
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.	ſ	xiiij

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
xiii)	Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.

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-thecounter after verification)