

ATAL PENSION YOJANA (APY) - SUBSCRIBER REGISTRATION FORM

(Administered by Pension Fund Regulatory and Development Authority)

To, The Branch Manager,									3ank							_Branch			
Dear Sir/Madam,				سمامه	NIDC o	+ +	orticu	lare di	von ho	loviii.									
I hereby request that an APY * Indicates mandatory fields							articu	iars gi	ven pe	ow:							_		
	Please IIII tr	ie iorin in Ei	ngiish a	iia ble	JCK IE	tters						_			_	_	_	_	
1. BANK DETAILS:		1 1 1	1.1	1.1	1 1		-	Т	ТТ	Т	Т			_	П	T	-	П	
Bank A/c Number*					\perp			1.1.		Bank	Brancl	h*			Ц.		-	-	
Bank Name*										Dank	Di allici					_	_		
2. PERSONAL DETAILS:		cı I	Cust		1	M	11												
Name of Applicant in full		Shri	Smt.		_	Kumari											-		
Full Name Date of Birth* d	ld / m	n m / 1	vIvIv	Lul	Age		T	17	Mobile	No. I	П	T		Ť	Т	П	T	TT	
Email ID	<u> u / ii</u>	1 1 111 / 1	<u> </u>	IYI	ARC			1.11	MODILE	Aadhi	aar	+		+	+	+	+	+	
Married Yes	T N		lf marri	ed sn	AUSA I	name is m	ndate	nry Sr	MISE V			fault	nom	inee	unde	r AP\	,	4 4	
Name of Spouse	14	0 1	ii iiiai ii	cu, sp	ouse	name is m	muate	,, y. 5k	ouse v	Aadha		T		T			Ť	TT	
Nominee's Name*										Aadha	_			+	+	$\dashv \dashv$		+	
Nominee's Relationship with	the subscribe	or .		T						7 (6 617)		-1		_				1-1-	
Additional Details in case nominee is a Minor																			
Date of Birth* d	d / m	T T T	y y y	V					_										
Guardian's Name*	1 4 1 7 1 11	11111/1	YIYIY	IYI															
	r statutory so	cial security	schem	25		Yes	1		No										
Whether beneficiary of other statutory social security schemes Yes Whether Income Tax Payer Yes									No		_								
3. PENSION DETAILS								_	17.7	13							_		
Pension Amount (Please tick((V)) *	1 1	.000			2000 T		300	0 1		4000	0 1		T	500	o T			
Contribution Amount					hy auth	orize the bar	k to del	nit my a	hove me	entioned	hank ac	count	till th	e age i	of 60	for ma	king	navmen	
(Monthly)			•									_			_				
(in Rs.)				under APY as applicable based on my age and the Pension Amount selected by me. If the transacti delayed or not effected at all for insufficient banlance, I would not hold the bank responsible. I also unde															
(To be filled by the Bank)				to dep	osit the	additional a	nount t	ogethe	r with pe	nalty the	reon.								
Declaration & Authorization by all subscribers																			
meet the prescribed eligibility crite	ria for assistance	under APY and	d I have re	ad and	undersi	tood the tern	is and c	onditio	ns of the	Scheme.	I hereb	y agre	e to th	ne sam	ie and	decla	e tha	at the	
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. I understand 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																			
										npiorrica	arra ric		44.040			B-14011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India. Date d d m m v v v v v Signature/Thumb Impression* of																			
	m m y	УУУ	-	_	-	ımb Impre			1										
Place			Subse	riber (case of male	and RT	l in case	-										
													****		••••		***	******	
ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)																			
			-	(To b	e fille	d by the B	ink)												
Name of the Subscriber:																			
PRAN Number																			
Guaranteed Pension Amount														`					
Periodicity of C							Мо	nthly											
Monthly Contribution Amount under AP (in Rs.)																			
Name of the Bank							Т												
Bank Branch:																			
Receiving Officer's Name:																			
Date of Receipt of Application:								<u>L</u>		Stam	p and	Signa	ature	of th	е Ва	ınk			