Finance Department National Pension Scheme

No.F.9 (1) (131)-Fin (E)/95(P)/STATE/14

Dated, Agartala, January, 2019

Memorandum

It has been decided by the Government of Tripura that the employees were recruited on or after 1st July, 2018 shall come under the purview of National Pension Scheme (NPS).

- 2. It is essential for the employees under NPS to have Permanent Retirement Account Number (PRAN) as mandated by the Scheme.
- Those employees who have been recruited on or after 1st July, 2018, if have obtained PRAN should immediately furnish their PRAN details to their respective Head of Offices/DDOs for inclusion in the HRMS.
- 4. Those employees who were recruited on or after 1st July, 2018, have not obtained PRAN, shall apply for PRAN through their respective DDO in the enclosed NPS registration form for online submission of application for PRAN. All the Head of Departments are requested to circulate the blank NPS Registration Form to all employees through their respective DDO who shall take necessary steps for online submission of application for PRAN. All the HoD are also requested to enclose copy of NPS Registration Form along with offer of appointment letter to the future recruitees for submission of duly filled in NPS Registration Form to concerned DDO while joining in the service.

Enclo: as stated above

Secretary
Finance Department
Government of Tripura

To

1.	The	Additional	Chief	Secretary/Principal	Secretary/Secretary/Special
	Secret	tary/DGP/PCCF.	************		Department
2.	All He	ad of the Depar	tments		Department

Copy to:

- 1. PPS/PS to the Hon'ble Deputy Chief Minister for favour of kind information.
- 2. PPS/PS to the Chief Secretary, Tripura for kind information.

CSRF Ver 1.3

NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

ΡI	ease	select	your	category	
[F	Pleas	e tick(/)]		

State Govt.

Affix recent colour photograph of 3.5 cm × 2.5 cm size / Passport size

To, National Pension System Trust.

Dear Sir / Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

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(iii)	ACTIVE CHOICE – ASSET ALLOCATION	(to be filled u	n onl	v in case v	ou have selected '	Active Cho	pice' the	investment of	otion)

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Asset Class	(Cannot	(Max up to	(Max up to	(Cannot	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and relate
	exceed 75%)	100%)	100%)	exceed 5%)		instruments; Asset class G-Goverment Bonds and related instruments; Asset Class
						A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.
Specify %					100%	

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and approve, passing the Equity responsible Equity responsible Equity responsible Equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)Funds	Please Tick (✓) Only One	
LC 75		Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 50		 LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 25		

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

Section I*

US Person*

No 🗸

Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars		Country (1)
Country of tax residency		INDIA
	Address Line 1	
Address in the jurisdiction for Tax	City/Town/Village	
Residence	State	Tripura
	PIN Code	
Permanent Acc	count Number (PAN)	
PAN Issuing Country		INDIA
Validity of documentary evidence provided (Wherever applicable)	Lifetime Validity

Please fill up these details

"I certify that:

- a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules
- b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date dd/n	n m / y y y y	
Place :		Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)
Name of subscriber		

Ver 1.3

12. DECLARATION BY SUBSCRIE	ER* (Plea	ase r	efer to	Sr no	. 8 o	f the	instr	uction	s)																		
Declaration & Authorization by all s	ubscr	iber	s																									
I have read and understood the terms and declare that the information and o Record Keeping Agency/National Pe understand that I shall be fully liable for	locume nsion S	ents Syste	furni em T	shed b rust, o	y me of any	are t char	rue a	and o	correct e abov	t, to ve ir	the nforr	best natio	of m	y kno rnish	owle	dge	and	beli	ef. I	unde	ertak	e to	infor	rm im	nmed	liate	y the	Central
I further agree to be bound by the ter complete or partial without any new d details) & T-PIN.																												
Declaration under the Prevention o	f Mone	ey La	aund	lering .	Act, 2	2002																						
I hereby declare that the contribution the right to peruse my financial profile found violating the provisions of any la	or sha	re th	ne inf	ormatio	on, w	th oth	ner g	gover	nment																			
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13. DECLARATION BY EMPLOYE	R																											
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(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory) Date of Joining Date of Retirement Date of Retirement															/													
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It is certified that the details prov the address and employment de he/she has read entries/entries h	tails p	rovi	ided	above	e are	as p	er t	he s	servić	e re							mair	ntair	ned	by ι	JS.							uding d that
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