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## Annexure N1

## CENTRAL RECORDKEEPING AGENCY

| (To avoid r<br>nis form is to be used for the<br>inistries/Railway/Post/Tele | nistake(<br><i>purpos</i> | e of reg             | se re<br>gistra | ad the | acco<br>of Prin | mpar<br>ncipa | ıyin<br>ıl A | ig ins | struc<br>nts ( | tion<br>Offic | s ca  | refu | lly b                       | efor     | e fi |     |       |      |          |    | Cer  | itrai | l Civ    |
|--|---------------------------|----------------------|-----------------|--------|-----------------|---------------|--------------|--------|----------------|---------------|-------|------|-----------------------------|----------|------|-----|-------|------|----------|----|------|-------|----------|
|  |                           | stration<br>otted by |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| We are pleased to inform y required for registration in                      |                           |                      |                 |        |                 |               |              | as de  | cide           | d to          | join  | the  | e Nat                       | tiona    | al F | ens | ion S | Syst | tem.     | Th | e de | tails |          |
| 1. Pr.AO AIN (Optional):   |                           |                      |                 |        |                 |               |              | (Ref   | er to          | ins           | truc  | tion | No.                         | 5)       |      |     |       |      |          |    |      |       |          |
| 2. Are you a Pr.AO cum PA  | AO*: (P                   | Please Ti            | ick)            | Yes    |                 | ] No          | ) [          |        | (Ref           | er t          | o ins | tru  | ctior                       | No       | . 9) | )   |       |      |          |    |      |       |          |
| 3. Principal Accounts Offic  | е Туре                    | *: (Plea             | se Ti           | ick)   |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| Civil X Postal X Telecom X   |                           |                      | Railways X I    |        |                 |               |              | Def    | Defence X      |               |       |      | Central Autonomous Body   √ |          |      |     |       |      |          |    |      |       |          |
| 4. Existing Principal Accou  | ints Off                  | fice Cod             | e:              |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| 5. Name of the Principal   |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| Accounts Office*   |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| 6. Principal Accounts office Flat/Unit No, Block no.                         |                           | ess*:                |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
|  | 7.711                     |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| Name of Premise/Buildir  | ıg/Villa<br>              | ige                  |                 |        |                 |               |              |        |                |               |       |      |                             |          | 1    |     |       |      |          |    |      |       |          |
| Area/Locality/Taluka   |                           |                      |                 | I      | 1               |               |              |        | I              |               |       |      |                             |          | 1    |     |       |      | <u> </u> |    | l    | l     |          |
| District/Town/City *   |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| District/Town/City *   |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          | 1    |     |       |      |          |    |      |       |          |
| State / Union Territory *  | :                         |                      |                 | ı      | I               |               |              |        | I.             |               |       |      | ı                           |          |      |     |       |      |          |    | I    | I     | I        |
| Country *  |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| Country *  |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          | 1    |     |       |      |          |    |      |       |          |
| Pin Code *   |                           |                      |                 | I      | I               |               |              |        | I              |               |       |      | ı                           |          |      |     |       |      |          |    | I    |       | <u> </u> |
| Phone No. *  |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
|  |                           |                      |                 |        | (STI            | D co          | de)          |        |                |               | (P    | hon  | e No                        | ).)      |      |     |       |      |          |    |      |       |          |
| Alternate Phone No:  |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| Fax No:  |                           |                      |                 |        |                 |               |              |        |                |               |       | T    |                             | 1        | 1    |     | 1     |      |          |    |      |       |          |
|  |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| 7. Official Email ID* (Refe  | r to inc                  | truction             | No 6            | 5)     |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| 7. Official Effail ID* (Refe   | 1 to ms                   | truction             | 110.0           | ))<br> |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
|  |                           |                      |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
| 8. Authorized contact person   | on's De                   | signatio             | on *:           |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       | -        |
|  |                           | $\perp$              |                 |        |                 |               |              |        |                |               |       |      |                             |          |      |     |       |      |          |    |      |       |          |
|  | ++                        | +                    |                 |        |                 |               |              |        |                |               |       |      |                             |          |      | +   | +     | -    | +        |    |      |       |          |
|  |                           |                      |                 | ı      | 1               |               |              |        |                |               |       |      |                             | <u> </u> | 1    |     |       |      |          |    |      |       |          |
| 9. No. of PAOs attached*: (Refer to instruction No.                          |                           | 9)                   |                 |        |                 |               |              |        |                | 7             |       |      |                             | Prin     | -    |     |       |      |          |    |      | -     |          |

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| 10. Ministries being currently served by Pr.AO*: |  |
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I/We hereby agree and declare that the information provided in the application, is complete and true.

I/We understand that there would be PFRDA approved *Terms and Conditions* on the CRA website *governing Nodal Office's use of I-Pin (to view and transact online) to access CRA / NPSCAN*. I/We agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

| Declaration/Undertaking being signed. | , |  |
|---------------------------------------|---|--|
|                                       |   | Signature of Authorised Signatory                            |
|                                       |   | Place:<br>Date:  |
| Principal Accounts Office Stamp       |   |  |
|                                       |   | Received on  Name of the officer:  Signature of the officer: |
| (To be filled at CRA)                 |   | Signature of the officer.                                    |
| CRA Stamp                             |   |  |

## **Instructions for filling the form:**

- 1. The form is to be submitted to the address Central Recordkeeping Agency, Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Limited), Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai 400013.
- 2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- 3. The form should be filled up completely. Details marked with (\*) are mandatory fields.
- 4. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- 5. AIN is Account Office Identification Number allotted by Income Tax Department.
- 6. Email ID should be official Email ID of the Principal Accounts Office i.e. email Id should be in the name of the office and not of the individual

For e.g. 1. <u>NIT@nic.in</u> - √
2. <u>NIT@yahoo.com</u> - √
3. <u>Raj@yahoo.com</u> - X
4. <u>Raj@nic.in</u> - X

- 7. Kindly mention the total number of PAOs attached to the Principal Accounts Office and also attach the list of PAOs on official stationary giving details of PAO Code (optional), PAO Name and Location of the PAO.
- 8. The application form in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) can be freely downloaded from the CRA website (http://www.npscra.nsdl.co.in).
- 9. If you function as PrAO cum PAO, kindly submit Form N2 (PAO registration form) also for registration as a PAO.
- 10. For more information contact CRA at 022-24994200 or write to CRA at Central Recordkeeping Agency, Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Limited), Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai 400013.