Form-ISS-1

National Pension System (NPS) Subscriber Shifting

D PRAN (Permanent Retirement Account Number) * D PRAN (Permanent Retirement Account Number) *			(Please tick the respective	block which is applicable t	o you)	
DEPAIN (Permanent Retirement Account Number) * DEPAIN (Pop-SP Reg. No. * DEPAIN (Pop-SP Reg. No. * DEPAIN (Pop-SP Reg. No. * DEPAIN (Pop-SP Name: * DEPAIN (Pop-SP Name: * DEPAIN (Pop-SP Reg. No. * DEPAIN (Pop-SP Name: * DEPAIN (Pop-SP Nam	A. General Information	n:				
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State Government	e) DDO / CBO / POP-SP Na	ıme: *				
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VI. KYC details (Applicable only if subscriber is shifting from Government Sector) (Refer instruction no. X)	VI. KYC details (Applicable	e only if subscriber is	s shifting from Government Secto	r)	(Refer instruction no. X)	
x) KYC document accepted for identify proof :) KYC document accepted for	or identify proof :				
) KYC document accepted for address proof:		-				
c) Document accepted for Date of birth proof:	c) Document accepted for Da	ite of birth proof :				
C. Additional information for subscribers shifting to Central Government or State Government (to be filled by target DDO)	C. Additional informat	tion for subscribe	ers shifting to Central Gove	rnment or State Governn	nent (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)	VII. Subscribers Employme	ent Details to be filled	l and attested by DDO (All Detai	s are Mandatory)		
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c) Group of the Employee A B C D	a) Date of Joining:	D D M M	M Y Y Y Y	b) Date of Retire	ement: D D M M	Y Y Y Y

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b) Investment Option (refer Instruction no. VI & VII)			
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Note:- 1. In case you do not indicate any investment option,			and the choice, please total to the other poeuments
			se you do, the Asset Allocation instructions will be ignored and
c) Asset Allocation table (to be filled up only in case	ou have selected the 'Active Ch	oice' investment option)	
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% share Note:- The allocation across E, C and G asset classes	must equal 100%. In case, the all	location is left blank and/or	does not equal 100%, the application shall be rejected by the POP.
XI. KYC details (Applicable only if subscriber is sh	ifting from State / Central Gov	ernment 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:			
I agree to be bound by the terms and conditions for the		N will belong after process	ectors): ing of this Intersector Shifting request) and understand that n / Undertaking being signed. Further, I agree to pay all the
Date Sign	ature/Left Thumb impression of	Subscriber*	
	For Officie use only (To be filled	Lun by the officer accepting	the form)
Received by:	of office use only (10 be fine)		egistration Number:
Received at:			Time Stamp:
Details verified by:			Time stamp:
Receipt Number Issued by the receiving office (only f	or POP-SP)		
	XXXXXXXXXXX	xxxxxxxxxxx	
VI. Active choice - Under Active choice, subscribers classes. a. PFM selection is mandatory. The form shall be b. Allocation under Equity (E) cannot exceed 50%	It is currently associated. N will be associated. Y of the PRAN Card It PRAN association' can be the have an option to choose a function of the properties of the available asset classes ("E" allocations is not equal to 100% Ill be made in a lifecycle fund in act a PFM. The application shall cation table are left blank, the s	same only if a subscriber id manager and provide the or. ", "G", & "C"). However, the fo, or the asset allocation tather schemes of PFM chose I be rejected if the subscribuscriber's funds will be i	en by Subscriber. ber does not indicate his/her choice of PFM.
Governemnt sector	ls of the subscriber after the sh rnments, i.e, both existing and	nifting of the PRAN, in case	if the subscriber is shiifting from UOS to Central / State of subscriber shifting from Central Government to State Government Sectors
No. Proof of Identity (Copy of any one)		ss (Copy of any one)	
i) School Leaving Certificate ii) Matriculation Certificate	i) Electricity bill^ ii) Telephone bill^		
iii) Degree of Recognized Educational Institution iv) Depository Account Statement	iii) Depository Account S iv) Credit Card Statement		
v) Bank Account Statement / Passbook vi) Credit Card	v) Bank Account Stateme vi) Employer Certificate^		
vii) Water Bill	vii) Rent Receipt^		,
viii) Ration Card ix) Property Tax Assessment Order	viii) Ration Card ix) Property Tax Assessm	ent Order	Note: 1) Proof of Address mentioned in Sr. No. i) to vii)
x) Passport xi) Voter's Identity Card	x) Passport xi) Voter's Identity Card		(^) should not be more than six months old on the
xii) Driving License	xii) Driving License		date of application.
Cartificate of identity signed by a Member of		signed by a Member of of Legislative Assembly	You are required to bring original documents & two self-attested photocopies (Originals will be
Certificate of identity signed by a Member of xiv) Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.	xiii) or Municipal Councill	or or a Gazetted Officer.	returned over-the- counter after verification)