# Form-ISS-1

## National Pension System (NPS) **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				
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 2 HDFC Pension Management Company Limited 3 ICICI Pension Fund Management Company 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				
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 ignored and investment will be made as per Auto Choice.				
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%)				
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 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) Document accepted for Date of birth 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				
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 t	e declaration has been signed / thumb impressed before me by the 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  were records available with the Department.
Signature of the Author	rised Person
Designation of the Autl	horised Person Rubber Stamp of the DDO
Date :	Name of the DDO
Date .	Department / Ministry
VIII Subscriber's Rea	nk Details* (The subscribe shall provide a cancelled cheque, the details of which should match the bank details provided)
a) Bank A/c Number	in Details (The subscribe shall provide a canceled eneque, the details of which should mater the bank details provided)
b) Bank Name	
c) Bank Branch	
d) Bank Address	
e) Pin Code	
f) Bank MICR Code	
g) IFS code (Whereve	er applicable)
D. Additional info	ormation for subscribers shifting to Corporate Sector (to be verified by the Corporate Office of the subscriber concerned)
	ormation for subscribers shifting to Corporate Sector (to be verified by the Corporate Office of the subscriber concerned)  oyment and PAN Details
	oyment and PAN Details  b) Date of Retirement*:
IX. Subscribers Emplo	oyment and PAN Details  b) Date of Retirement*:
IX. Subscribers Emplo a) Date of Joining* :	oyment and PAN Details  b) Date of Retirement*:
IX. Subscribers Emplo a) Date of Joining*: c) Employee ID* d) CHO Reg No*:	oyment and PAN Details  D D M M Y Y Y Y  D D M M Y Y Y Y  e) PAN:
IX. Subscribers Emple a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above after he / she has read t	oyment and PAN Details  D D M M Y Y Y Y  D D M M Y Y Y Y
IX. Subscribers Employ a) Date of Joining*: c) Employee ID* d) CHO Reg No*:  Certified that the above after he / she has read to per employee records a	oyment and PAN Details  D D M M Y Y Y Y  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  declaration has been signed before me by
IX. Subscribers Employ a) Date of Joining*: c) Employee ID* d) CHO Reg No*:  Certified that the above after he / she has read to per employee records a	oyment and PAN Details  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  declaration has been signed before me by
IX. Subscribers Emple a) Date of Joining*: c) Employee ID* d) CHO Reg No*: Certified that the above after he / she has read to per employee records a Signature of the Author	oyment and PAN Details  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  declaration has been signed before me by
IX. Subscribers Emplo a) Date of Joining*: c) Employee ID* d) CHO Reg No*:  Certified that the above after he / she has read t per employee records a Signature of the Author  Designation of the Author	oyment and PAN Details    D D M M Y Y Y Y
IX. Subscribers Emplo a) Date of Joining*: c) Employee ID* d) CHO Reg No*:  Certified that the above after he / she has read t per employee records a Signature of the Author  Designation of the Author	oyment and PAN Details  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  E declaration has been signed before me by
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IX. Subscribers Emplo a) Date of Joining*: c) Employee ID* d) CHO Reg No*:  Certified that the above after he / she has read t per employee records a Signature of the Author  Designation of the Author  X. Subscriber's Bank	oyment and PAN Details  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  E declaration has been signed before me by
IX. Subscribers Emplo a) Date of Joining*: c) Employee ID* d) CHO Reg No*:  Certified that the above after he / she has read t per employee records a Signature of the Author  Designation of the Author  X. Subscriber's Bank a) Bank A/c Number b) Bank Name	oyment and PAN Details  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  E declaration has been signed before me by
IX. Subscribers Employee ID*  a) Date of Joining*:  c) Employee ID*  d) CHO Reg No*:  Certified that the above after he / she has read to per employee records a Signature of the Author Designation of	oyment and PAN Details  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  e) PAN:  D D M M Y Y Y Y  E declaration has been signed before me by
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IX. Subscribers Employee ID* a) Date of Joining*: c) Employee ID* d) CHO Reg No*:  Certified that the above after he / she has read to per employee records a Signature of the Author Designation of the	oyment and PAN Details    D D M M Y Y Y Y

XI. Subscriber Scheme	Preference (Applicabl	e only if the target Corporate	has given the o	ption of selecting sch	eme preference to the	associated employees)
a) PFM (Name in alphab	etical order)	Please tick only one				
1 DSP BlackRock Pension Fund Managers Private Limited 2 HDFC Pension Management Company Limited 3 ICICI Pension Fund Management Company Limited 4 Kotak Mahindra Pension Fund Limited  8 UTI Retirement Solutions Limited						
(Selection of PFM is ma	ndatory both in Active a	nd Auto Choice. In case you do	not indicate a	choice of PFM, your ap	oplication form shall be	e summarily rejected).
b) Investment Option (re	efer Instruction no. VI &	VII)				
•	icate any investment op	tion, your funds will be invested NOT fill up section (V.c) below		e	•	er to the Offer Document)
investment will be made	as per Auto Choice.	•		·		·
c) Asset Allocation table	(to be filled up only in	case you have selected the 'Act	ive Choice' inv	estment option)		
Asset Class	E	С		G	Total	$\exists$
% share					100%	pplication shall be rejected by the POP.
	y PFRDA, amend any o	f the services completely or par	ny PRAN will b	elong after processing	of this Intersector Shift	ting request) and understand that ed. Further, I agree to pay all the
Date		Signature/Left Thumb impression	on of Subscribe	r*		
		For Officie use only (To b	e filled up by t	ne officer accepting the	e form)	
Received by:				PAO/POP –SP Regi	stration Number:	
Received at:	Date: Time Stamp:					
Details verified by:				Date:	Time stamp:	<del></del>
Receipt Number Issued l	ov the receiving office (	only for DOD CD)				
Receipt Number Issued I	by the receiving office (	nny ioi for-sf)				

## 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 Government 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 shiifting from UOS to Central / State

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)					
i)	School Leaving Certificate					
ii)	Matriculation Certificate					
iii)	Degree of Recognized Educational Institution					
iv)	Depository Account Statement					
v)	Bank Account Statement / Passbook					
vi)	Credit Card					
vii)	Water Bill					
viii)	Ration Card					
ix)	Property Tax Assessment Order					
x)	Passport					
xi)	Voter's Identity Card					
xii)	Driving License					
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.					

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 <sup>^</sup>
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
	Parliament or Member of Legislative Assembly or
xiii)	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-the-counter after verification)