



ATAL PENSION YOJANA (APY) Subscriber Registration Form



To,
The Branch Manager, IndusInd Bank Limited, _____ Branch

Dear Sir/Madam,

I hereby request that an APY account be opened in my name under National Pension System (NPS) as per the particulars given below:

* Indicates mandatory fields. Please fill the form in English and BLOCK letters

1. BANK DETAILS:

Bank A/c Number*											
Bank Name*	IndusInd Bank						Branch Code*				

2. PERSONAL DETAILS:

Name of Applicant	Shri		Smt.		Kumari														
Full Name																			
Date of Birth*	d	d	/	m	m	/	y	y	y	y	Age		Mobile No						
Email ID											Aadhaar								
Married	Yes		No		If married, spouse name is mandatory														
Name of Spouse											Aadhaar								
Nominee's Name*											Aadhaar								
Nominee's Relationship with the subscriber																			

Additional Details in case nominee is a Minor

Date of Birth*	d	d	/	m	m	/	y	y	y	y	Guardian's Name*							
Whether beneficiary of other statutory social security schemes	Yes		No															
Whether Income Tax Payer	Yes		No															

3. PENSION DETAILS

Pension Amount (Please tick(v)) *	1000		2000		3000		4000		5000									
Contribution Amount (Monthly) (in Rs.) (To be filled by the Bank)											I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with penalty thereon.							

Declaration & Authorization by all subscribers : 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. Further, I do not hold any pre-existing account under NPS. 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 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	/	y	y	y	y	Signature/ Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)
Place											

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)

(To be filled by the Bank)

Name of the Subscriber:										
PRAN number										
Guaranteed Pension Amount										
Periodicity of Contribution	Monthly									
Monthly Contribution Amount under APY (in ₹)										
Name of the Bank	IndusInd Bank									
Bank Branch:										
Receiving Officer's Name:										
Date of Receipt of Application:										
										Stamp and Signature of the Bank

PERSONS BORN BEFORE 1ST JUNE 1975 ARE NOT ELIGIBLE