## Annexure-UOS-S5

## **New Pension System (NPS)**

Subsc	riber req	uest to		•			•					
Receipt No.												
(To be filled by POP-SP)												
(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields mark with * are mandatory.)												
Sir/Madam,												
Ι		_ (Name	e of the	sub	scril	ber as	in P	R.	AN c	ard)	would like to	
I												
Permanent Retirement Account Number* (As allotted by CRA)	: [											
Date Signature/Left Thumb impression of Subscriber*  (To be filled by POP/POP-SP)												
	ed by: POP-SP Registration Number: ed at: Date: Time Stamp:											
Received at:												
Details verified by:												
Acknowledgement for Subscriber												
(To	(To be filled by POP/POP-SP)											
Received from: (PRAN)			POP-S	SP R	egist	ration	Nun	nbe	er:			
Received at:		Dat	e:			Ti	me S	Stai	np:_			
Receipt Number (To be provided by POP-SP)												
	Signature/	Stamp of	POP/PO	OP-S	P							

- The change request can be submitted to the source POP-SP or the target POP-SP. The source POP-SP is the POP-SP to which the subscriber is presently associated. The target POP-SP is the POP-SP to which the Subscriber wants to shift.
- The change request submitted by the Central/State Government employees (who are mandatorily covered under NPS) will be applicable to Tier II account only.
- For POP-SP name and Reg. No please visit CRA website (www.npscra.nsdl.co.in).