

SW - 1

National Pension System
Subscriber Declaration for Swavalamban Yojana
(To be used by Subscribers of NPS –All Citizens of India)
[Fields marked with * are mandatory]

Sir/Madam,

I _____ (Name of the subscriber as in PRAN card) would like to opt for / opt out of Swavalamban Scheme. A photocopy of my PRAN card is attached. My NPS related details are provided below:

Permanent Retirement Account Number*:
(As allotted by CRA)

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Declaration & Authorization (Not required for subscribers opting out of Swavalamban)

I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.

<p>I _____,</p> <p>the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.</p> <p>Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p>																					<p>_____</p> <p>Signature/Thumb Impression* of Subscriber</p>

<p>To be filled by POP-SP</p>	<table border="1"><tr><td style="width: 60%;"><table border="1"><tr><td> </td></tr></table></td><td style="width: 40%;"></td></tr><tr><td colspan="2" style="text-align: center;">Signature of Authorized Signatory</td></tr><tr><td>Name : _____</td><td>Place : _____</td></tr><tr><td>Désignation : _____</td><td>Date : _____</td></tr></table>	<table border="1"><tr><td> </td></tr></table>			Signature of Authorized Signatory		Name : _____	Place : _____	Désignation : _____	Date : _____
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