

ATAL PENSION YOJANA (APY) (Administered by Pension Fund Regulatory and Development Authority)





To The Branch Manager/Officer In Charge,Branch,ODISHA GRAMYA BANKBank/Dept. of Post			
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* ODISHA GRAMYA BANK	Bank Branch*	
-			
	2. PERSONAL DETAILS:		
	Name of Applicant in full* Shri Smt Kumari Full Name*		
	Date of Birth*	Mobile No	
	Email ID	Aadhaar*	
		Spouse will be the default nominee under APY.	
	Name of Spouse	Aadhaar	
	Nominee's Name*	Aadhaar	
	Nominee's relationship with the subscriber	/ danaar	
	Additional Details in case nominee is a Minor		
	Date of Birth* d d / m m / y y y		
	Guardian's Name*		
	Whether beneficiary of other statutory social security schemes Yes No		
	Whether Income Tax Payer Yes No		
	Is FATCA/CRS* applicable \$ Yes No		
	FATCA/CRS is applicable for US Persons/Tax Residents other than India. FATCA/CRS Declaration Birth / Country of Citizenship / Country of Residence for Tax Purpose is a country other than India.	on Form needs to be submitted if you are an US person or your Country of	
3. PENSION DETAILS			
	Frequency of Contribution (Please tick($$)) * Monthly Quarterly Half Yearly		
	Pension Amount (Please tick(√)) * 1000	3000 4000 5000	
		k to debit my above mentioned bank account till the age of 60 for making	
	(To be filled by the Bents) the transaction is delayed	oplicable based on my age and the Pension Amount selected by me. If or not effected at all for insufficient balance, I would not hold the bank	
	responsible. I also undertak	te to deposit the additional amount together with overdue interest 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 APY. 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. I hereby authorize PFRDA to use my Aadhaar details for APY and authenticate my identity through the Aadhaar Authentication system in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other subsidies, Benefits and Services) Act, 2016 and rules and regulations notified thereunder. I have been given to understand that my information submitted to PFRDA herewith shall not be used for any other purpose other than mentioned above, or as per requirement of law.			
Date d d / m m / y y y Signature/Thumb Impressions of Subscriber			
Pla	Signature/Thumb impression of		
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			
Contribution Amount under APY (in Rs.)			
Name of the Bank: ODISHA GRAMYA BANK			
40.00	nk Branch:		
\vdash	ceiving Officer's Name:	1	
	te of Receipt of Application:	Stamp and Signature of the Bank	