

ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

Application for Modification/Addition of details in APY & Change of APY Service Provider (APY-SP)

Application for Modification/Addition of details in APY

The Branch Manager,	Bank Name ,	Bank Branch			
Sir/Madam,					
	APY scheme as per the details given be	low.			
I would like to change/modify my details in APY PRAN under APY scheme as per the details given below: PRAN is mandatory. Fill only the field (s) which is/are to be modified. PRAN is mandatory to be Mentioned.					
Permanent Retirement Account Number*:					
I hereby request for the following change: A) Changes or Correction in other Personal Details	B) Changes or Correction in	n Bank Details			
C) Changes or Correction in Nomination details		Frequency of Deduction of Contributions			
E) Changes or Correction in Date of Birth	F) Request for Pension Up	•			
G) Request for Pension Downgrade H) Request for Re-issue of ePRAN/e-SoT/Subscriber Information Boucher by Bank Branch (Free of Cost)					
I hereby submit the following details for change: Section A: Change/Correction in Personal Details					
Subscriber Name (Initials are not permitted)					
Please Tick as applicable: Shri Smt.	Kumari				
Subscriber Name: 2. Gender Male Female					
3. PAN					
5. Father Name					
6. Correspondence Address: (supported by relevant of	locumentary proof asked by bank)				
		PIN:			
7. Mobile Number: 8. Email id:					
Email id: Income Tax Payer Flag: Yes	No No				
10. Beneficiary of Social Security Flag: Yes	No No				
Note: Point 9 &10 is applicable only for those who have ju					
Section B: Change/Correction in Bank Details:					
11. Subscriber Bank Details Change:					
Type of Account: Savings					
Bank Account Number :					
Bank Name					
Bank IFS Code:	Bank Branch Bank IES Code:				
(Bank detail changes should be supporte	ed by relevant documentary proof				
Section C: Change/Correction in Nominee /Spouse details:					
12. Change/Correction in Nominee/Spouse details					
Name of Spouse Married Married	Unmarried				
Major Yes No Minor		nd Guardian Name is mandatory in case of minor]			
Nominee Name:	100 (Date of bilting	The Suardian Name is manualory in case of million			
Nominee Date of Birth:					
Relationship with subscriber:					
Guardian Name:					

13.	Declaration:				
		, the applicant, do hereby declare that the Information provided above is true to the			
	best of my knowledge & belief.				
	Date: dd/mm//yy	у			
		Signature/Thumb Impression* of Subscriber			
		(* LTI in case of male and RTI in case of female)			
Section	D : Change / Correction in Freque	:			
	. Change/Correction in Frequency of	_			
ш	Update/Correct the frequency to (Ti				
	Monthly Quarterly	Halfyearly			
Section	E: Change/ Correction in Date of E	1:			
15.	. Change/Correction in Date of Birth:	_			
	Update/Correct the Date of Birth to				
	Correct Date of Birth* d d / m				
	(Date of Birth should be supported I	elevant documentary proof)			
16.	Declaration: I hereby authorize the bank to debit my leads to deb	account for making payment under APY as applicable based on correction in date of birth If the transaction is delayed or			
	not effected at all for insufficient balance,	ould not hold the bank responsible. Shortfall amount would be given by subscriber in case of increase in contribution amount se of excess amount contributed by subscriber, amount will be deposited in subscriber savings account by NSDL-CRA.			
	Date: dd/mm//yy				
	Date: [a]a]/[III]III]/[y]y	Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)			
Section	r F : Request for Pension Amount L	·			
$\overline{}$	Pension Amount Upgrade: Tick the				
Ш	2000 3000	4000 5000			
Section	G : Request for Pension Amount I	/ngrade:			
$\overline{}$	Pension Amount Downgrade: Tick t	 _			
	1000 2000	3000 4000			
19.	Declaration:				
	I hereby authorize the bank to debit my bank account 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				
	overdue interest thereon. I also authorise	bank to debit my bank account (registered under APY) for additional contribution to be paid for upgraded pension amount.			
	in case of downgrade of pension amount	, differential amount would be retained to the subscriber through direct credit to bank Account (Negistered direct Ar 1)			
	Date: d d / m m / y y				
	Date: [4]4]7]111[111]7]9]9	Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female)			
		(ETTIT case of male and NTTITI case of terriale)			
-	H: Request for Reissue:				
	PRAN by bank branch (Free of Cost)	(Fore of each)			
	Statement of Transaction by bank brai				
Su	bscriber Information Boucher (Free of	IENT - MODIFICATION UNDER ATAL PENSION YOJANA (APY)			
	ACKNOWLEDG	(To be filled by the Bank)			
Na	me of the Subscriber:	(
	AN:				
Ba	nk Name:				
Bra	anch Name:				
Da	te of Receipt:				
		Instructions for filling the form			
•	of birth and change/Correction in frequer	ange/Correction in subscriber's personal details, nominee details, Bank details, Correction in date Pension amount.			
•		bank Branch for carrying out necessary changes.			
•	 Only those details to be filled where modification/Correction is required. Subscriber are required to submit a relevant documentary proof for execution of any changes as requested by APY-SPs. 				
	Form to be filled legibly in Block Letters. Please fill the form in legible handwriting so as to avoid errors in your application processing.				
	Please do not overwrite. • Please tick the box on the left margin of appropriate row where change/Correction is required and provide the corresponding row. Each box wherever provided, should				
•	contain only one character.				
•	 Mention 12 digit PRAN correctly. All dates should be in DD MM YYYY format 				
•	 All dates should be in DD MM 1111 format Application incomplete in any respect and/ or not accompanied by required documents asked by bank is liable to be rejected. 				
•	Ask for acknowledgement receipt on submission of request.				
•	Subscribers are advised to retain the ack	rledgement slip signed/stamped by APY-SP where they have submitted the application.			



ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

Application for Modification/Addition of details in APY & Change of APY Service Provider (APY-SP)

Application for Change of APY Service Provider (APY-SP)

Sir/Madam,	10,						
**Vended like to transfer my PRAN account under APY as per the defails given below: **Indicates mandatory fields. Please fill the form in English and BLOCK letters **PRAN (Permanent Retirement Account Number)* 1. BANK DETAILS: Bank A/c Number* Bank Name* 2. PERSONAL DETAILS: Name of Applicant* Shri Smt. Kumari Full Name* Date of Birth '(As Register under APY) Email ID Married Yes No If married , spouse name is mandatory. Spouse will be the default nominee under APY. Name of Spouse Nominee's Relationship with the Subscriber Additional Details in cese nominee is a Milnor Date of Birth '(As Registered under APY) Whether Income Tax Payer **Yes No 3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(*))* 1000 2000 3000 4000 4000 5000 Half Yearty Whether Income Tax Payer **Yes No 3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(*))* Pension Amount (Monthly) Contribution Amount (Monthly) (In Ra.) **Interest packables as the second of the default nominee under APY in the spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spinanched based on my age and the Pension Amount of Spi	The B	Branch Manager,	Bank ,	Branch			
* Indicates mandatory fields. Please fill the form in English and BLOCK letters PRAN (Permanent Retirement Account Number)* 1. BANK DETALLS: Bank A/R Number* Bank Name* 2. PERSONAL DETAILS: Name of Applicant * Shri							
PRAN (Permanent Retirement Account Number)* 1. BANK DETAILS: Bank A/c Number* Bank Name* 2. PERSONAL DETAILS: Name of Applicant* Shri Shri Shri Kumari Full Name* Date of Birth* (As Register under APY) Email D Married Yes No If married, spouse name is mandatory. Spouse will be the default nominee under APY. Name of Spouse Nominee's Name* Nominee's Relationship with the Subscriber Additional Details in case nominee is a Minor Date of Birth* Guardian's Name* Whether beneficiary of other statutory social security schemes Yes No Whether beneficiary of other statutory social security schemes Yes No Whether Income Tax Payer 2. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(vi))* Pension Amount (Please tick(vi))* Monthly Contribution Amount (Monthly) (in Rs.) The applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP) (To be filled by the Bank) Name of the Subscriber: PRAN Number Guaranteed Pension Amount Monthly Contribution Amount under APY (in Rs.) Name of the Bank: Bank Branch: Receiving Officer's Name:	I would like to transfer my PRAN account under APY as per the details given below:						
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Bank Name* 2. PERSONAL DETAILS: Name of Applicant * Shri	PRAI	N (Permanent Retirement Account Nu	mber)*	Please attach copy of e PRAN			
Bank Name* 2. PERSONAL DETAILS: Name of Applicant * Shri	1. E	BANK DETAILS:					
2. PERSONAL DETAILS: Name of Applicant	E	Bank A/c Number*					
Name of Applicant * Shri	E	Bank Name*		Bank Branch*			
Name of Applicant * Shri	2 1	PERSONAL DETAILS:					
Date of Birth* (As Register under APY) Email ID Married Yes No If married, spouse name is mandatory. Spouse will be the default nominee under APY. Name of Spouse Nominee's Relationship with the Subscriber Additional Details in case nominee is a Minor Date of Birth* d m m / y y y Guardian's Name* Whether beneficiary of other statutory social security schemes Yes No 3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(*))* 1000 2000 3000 4000	1	Name of Applicant * Shri	Smt. Kumari				
Email ID Married Yes No If married , spouse name is mandatory. Spouse will be the default nominee under APY. Name of Spouse Nominee's Name* Nominee's Relationship with the Subscriber Additional Details in case nominee is a Minor Date of Birth* Whether beneficiary of other statutory social security schemes Whether lncome Tax Payer Whether Income Tax Payer Whether Income Tax Payer Yes No 3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(vi))* 1000 2000 3000 4000 5000 Frequency of Contribution (Please tick(vi))* Monthly Contribution Amount (Monthly) (in Rs.) Ithe applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP) (To be filled by the Bank) Name of the Subscriber: PRAN Number Guaranteed Pension Amount Monthly Contribution Amount under APY (in Rs.) Name of the Bank: Bank Branch: Receiving Officer's Name:				/ Mobile No			
Married Yes No If married , spouse name is mandatory. Spouse will be the default nominee under APY. Name of Spouse Nominee's Name* Nominee's Relationship with the Subscriber Additional Details in case nominee is a Minor Date of Birth* Guardian's Name* Whether beneficiary of other statutory social security schemes Yes No Whether Income Tax Payer Yes No 3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(v))* 1000 2000 3000 4000 5000 1 Frequency of Contribution (Please tick(v))* Monthly Quarterly 1 Contribution Amount (Monthly) (in Rs.) I hereby authorize the bank to debit my above mentioned bank account till the age of 80 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the tensaction is deleyed or not effected at all for insufficient belance. I would not hold the bank thereon. I the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Signature/Thumb Impression* of Subscriber (* LTI in case of male and RTI in case of female) ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP) (To be filled by the Bank) Name of the Subscriber: PRAN Number Guaranteed Pension Amount Periodicity of Contribution Monthly Contribution Amount under APY (in Rs.) Name of the Bank: Bank Branch: Receiving Officer's Name:				INIODIIE INO			
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Nominee's Name* Nominee's Relationship with the Subscriber Additional Details in case nominee is a Minor Date of Birth*			ii iiiairieu , spouse name is manuatory.	opouse will be the delault nominee under AF 1.			
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Additional Details in case nominee is a Minor Date of Birth*			oribor				
Date of Birth* Guardian's Name* Whether beneficiary of other statutory social security schemes Whether Income Tax Payer 3. PENSION DETAILS (As registered under APY) Pension Amount (Please tick(v))* 1000 2000 3000 4000 5000 Half Yearly Pension Amount (Please tick(v))* Monthly Contribution Amount (Monthly) Contribution Amount (Monthly) I hereby authorize the bank to debut 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 overdue interest thereon. The applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief. Signature/Thumb Impression* of Subscriber (*LTI in case of male and RTI in case of female) ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP) (To be filled by the Bank) Name of the Subscriber: Place ACKNOWLEDGEMENT - Application for Change of APY Service Provider (APY-SP) (To be filled by the Bank) Name of the Subscriber: Periodicity of Contribution Monthly Contribution Amount under APY (in Rs.) Name of the Bank: Bank Branch: Receiving Officer's Name:							
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(To be filled by the Bank) Name of the Subscriber: PRAN Number Guaranteed Pension Amount Monthly Contribution Amount under APY (in Rs.) Name of the Bank: Bank Branch: Receiving Officer's Name:	Flac	J.E	(2.1 3333 3 3.1 3.1 3.1 3.1 3				
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Name of the Bank: Bank Branch: Receiving Officer's Name:							
Bank Branch: Receiving Officer's Name:	Monthly Contribution Amount under APY (in Rs.)						
Receiving Officer's Name:	 -						
Date of Receipt of Application: Stamp and Signature of the Bank	l 						
	Dat	te of Receipt of Application:		Stamp and Signature of the Bank			

INSTRUCTIONS FOR FILLING THE FORM:

- 1. Please quote the correct PRAN and fill the correct details
- 2. The request will be processed by the target APY-SP (Bank / Post Office) to which subscriber wants to shift his/her APY Account.
- 3. The personal details (except date of birth) given in the form will get registered afresh under APY.
- 4. Date of Birth and Pension details in the form are to be filled up as per the existing APY scheme details.