

CENTRAL RECORDKEEPING AGENCY**Points of Presence (POP) Registration Form**

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Fields mark with * are mandatory.)

POP Registration Number :
(To be allotted by CRA)

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Sir/Madam,

We hereby submit a request to be registered as a Point of Presence (POP). The necessary details are provided below:

1. Name of the POP *:

2. Registration Number (Allotted by PFRDA):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Registration with PFRDA*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D D M M Y Y Y Y

3. POP Address *:

Flat/Unit No, Block no. *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Premise/Building/Village

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Area/Locality/Taluka

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District/Town/City *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State / Union Territory *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin Code *

--	--	--	--	--	--	--	--

4. Phone No. *:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STD Code

Phone Number

5. Alternate Phone No. :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STD Code

Phone Number

6. Fax No.*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STD Code

Phone Number

7. Email ID * (Email ID should be official Email ID of the POP & not of any individual person):

8. Compliance Officer's Details *:

Name *:

First Name *:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation *:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone No. *:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STD Code

Phone Number

4. Mobile No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email ID *:

(*Email ID & Phone Number should be Compliance Officer's Email ID & Direct Phone Number and not of the POP's official Email ID and any Board Number.)

9. Alternate Compliance Officer's Details *:

Name * :

First Name *:

[Grid for First Name]

Middle Name :

[Grid for Middle Name]

Last Name:

[Grid for Last Name]

Designation *:

[Grid for Designation]

Phone No. *:

[Grid for Phone No.]

4. Mobile No.:

[Grid for Mobile No.]

STD Code

Phone Number

Email ID *:

[Grid for Email ID]

[Grid for Email ID]

[Grid for Email ID]

(*Email ID & Phone Number should be of the alternate Compliance Officer's Email ID & Direct Phone Number and not of the POP's official Email ID and any Board Number.)

10. Option selected for with regard to data transfer and fund transfer (Please tick only one):

I

Centralized Data Transfer and Centralized Fund Transfer (Centralized Model) (In case of option I, select any one of the three roles)

- Role A- All activities performed centrally by POP.
- Role B- Only Contribution Upload , MIS Upload & Fund transfer done centrally
- Role C- Only Contribution Upload & Fund Transfer done centrally.

II

Decentralized Data Transfer and Decentralized Fund Transfer (Decentralized Model)

III

Decentralized Data Transfer and Centralized Fund Transfer (Quasi-centralized Model)

Note: In case of option no- II & III, all the authorized branches of the POP (POP – SPs) would be mandatorily required to upload data and/or transfer funds as per the option exercised above.

11. POP Bank Details*: (Designated Bank A/c for accepting NPS contributions)

Type of Account*:

Savings A/c

Current A/c

Bank A/c Number *

[Grid for Bank A/c Number]

Bank Name*

[Grid for Bank Name]

Bank Branch*

[Grid for Bank Branch]

Bank Branch Address*

[Grid for Bank Branch Address]

[Grid for Bank Branch Address]

Pin Code*

[Grid for Pin Code]

Bank MICR Code*

[Grid for Bank MICR Code]

Bank IFS Code

[Grid for Bank IFS Code]

We hereby agree and declare that the information supplied in the application, is complete and true.

AND we further agree that, we will notify Central Recordkeeping Agency (CRA) immediately about any change in the information provided in the application.

	<div style="border: 1px solid black; width: 300px; height: 40px; margin: 0 auto;"></div>
	Signature of Authorised Signatory
	Name : _____ Place : _____
	Designation : _____ Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> D D M M Y Y
	Department : _____
POP Seal	

Following Documents to be submitted along with the form:

- Certified Copy of PFRDA Registration Certificate.
- List of authorized signatories who shall undertake correspondence with CRA, along with their signatures. The list should be duly authenticated by the authorized official of the POP.
- Details of two Digital Signature Certificates (DSC) as per **Annexure UOS-N1-A**

Please note that any change in the information provided should be intimated to CRA with proper authorization.