National Pension System (NPS)



Inter CRA Subscriber Shifting (ICSS) (Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields/sections marked in * are mandatory)

(Please tick the respective block which is applicable to you)

						_Re	ceir	t No):								
					GE	NE	RA	LIN	FOR	MA	ATIC	N					
Subscriber's Name*																	
First Name																	
Middle Name																	
Last Name																	
) PRAN*																	
L				1) (* 7	T -	 * 7	* 7			
I) Date of Birth*	1)	D	/		M		M	/		Y	Y	Y	Y			
_	ı		•								ı			1			
V) PAN																	
/) Mobile Number																	
,																	
(I) Email ID																	
(II) Existing PRAN assoc	iatio	n (So	ource	POP	/Off	ice	Det	ail)									
		•			•			•									
POP-SP Reg. No*:																	
POP-SP Name*:																	
(III) Target PRAN assoc	iatio	n (Ta	rget	POP/	Offic	ce D)eta	ils)									
POP-SP Reg. No*:																	
_	Ĺ			l				ı									
POP-SP Name*:																	
X) Source CRA:	PCR	A			KC	RA											
() Target CRA:		CA	MS (CRA													
Declaration by Subscri	bers:	:															

Signature/Left thumb Impression:

be cancelled by the Source CRA.

Date: