

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)

For POP-SP use

Date of Receipt: _____ POP-SP Registration No: _____

_____ Receipt No:

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

GENERAL INFORMATION

I) Subscriber's Name*

First Name																			
Middle Name																			
Last Name																			

II) PRAN*

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III) Date of Birth*

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

IV) PAN

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

V) Mobile Number

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

VI) Email ID

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

VII) Existing PRAN association (Source POP/Office Detail)

POP-SP Reg. No*:

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POP-SP Name*:

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VIII) Target PRAN association (Target POP/Office Details)

POP-SP Reg. No*:

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POP-SP Name*:

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IX) Source CRA: PCRA KCRA

X) Target CRA:

CAMS CRA

Declaration by Subscribers:

I agree to be bound by the terms and conditions of the target CRA (in which my PRAN will belong after processing of this Inter CRA Shifting request) and understand that CRA may, as approved by PFRDA, amend any of the service completely or partially without any new Declaration/Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target CRA. I understand that in case of pending transaction at the time of shifting will automatically be cancelled by the Source CRA.

Date:

Signature/Left thumb Impression: