Annexure UOS-S2 Page 1																												
Request For Change/Correction in Subscriber Master details And/Or Reissue of I-Pin/T-Pin/PRAN Card  (To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)																												
For POP-SP use:																												
	Date of	Receipt: _							-			PC	P-SP	Regis	stratio	n No	). : <u></u>											
	Receipt	No.:																										
	Entered By : Date:																											
	Verified	l By:						_				Da	te:															
PRAN is mandatory. Fill only the field(s) which is/are to be modified with the revised details.																												
	by request																											
I) Ch	ange or C	orrection	in n	ame					_	7	II)	Chan	iges o	r Coi	rectio	on in	othe	r Pei	sona	l deta	ails	Г	_					
	Changes of				inati	ion de	etails				IV)	Reissi	ie of	I PIN	and/	or T	PIN					L	=					
	Reissue of									_   												L						
Perm	anent Reti	rement Ac	count	Num	ber *	: Г	$\overline{}$	_	ᄂ				Π	Ι		_	Т	$\overline{\mathbf{T}}$	7									
I here	eby submit	the follow	ving d	letails	of cl	L nange	. (Ple	ase ti	ick tł	ne bo	x on	l left n	l nargi	l n of a	l pprop	l priat	e row	whe	 re ch	ange	/cor	rectio	n is 1	requi	red a	nd pr	ovide	,
	etails in the			_		J D	toil	n /# T	. 1:	4 1	f 1-	1	E:-14\	/DI			C., N	T- 1 4	- ( -4	241 1	4	4:	- <b>C</b>			4		
1										tes N	/landa	itory I	rield)	(Plea	se ret	er to	Sr. N	lo.1 t	0 6 01	the 1	nstru	action	s for	suppo	orting	docu	ment)	)
•	ll Name (F	_				ls are	not p							r	_													
Pl	ease Tick First Nam		able	Sh	ri	Ш	1	Smt	. [			Kuı	nari				T	Т	1	T	Т				Т			
	Middle Na	me																										
	Last Name																											
If the correction in the name to be made in Hindi, Yes (Please provide the details in the annexure UOS-SH1 on Page No. 6)																												
2. Gender Male Female																												
3. Da	te of Birth	D	D	М	М	Y	Y	Y	Υ	(Γ	Oate o	f birth	shou	ıld be	suppo	orted	by re	levar	nt doc	umer	ntary	proof	f)					
4. PA	ΔN											(PAN	shou	ld be	suppo	rted	by co	py of	PAN	l card	l)							
] 5. Ca	tegory (Ple	ase tick (	√) any	one):	:	Gov	ernme	ent		Priva	ate Se	ctor		Self	Emplo	oyed		N	IRI		Ot	thers						
	ther's Full								_									-	•									
	First Name																											
	Middle Na	me										I																
	Last Name											1																
	se of chan ged by CR	_	ails p	ertaiı	ning	to the	e poir	nt 1 o	r 3 oı	r 6,	CRA	shall	repri	nt th	PRA	AN c	ard a	nd sl	all se	end t	he sa	ame t	o the	subse	criber	r. Thi	s will	be
	esent Addr Flat/Unit I			y plea	se re	fer to	Sr.	No. 5	of th	ie in	struc	tions)	):															
	Name of P			r/Villa	oe																							
				, , , , , ,	-5~																							
	Area/Local		ı																									
	District/To																											
	State / Uni	on Territo	ry																									_
	Country										İ																	
I	Pin Code					l	·		1	l	1	1	1	1			l	1	1	I	1	1	1	1	1	1	1	
•			ь			l	l																					

Annexure UOS-S2 Page 2 8. Permanent Address\*: If same as above, Please Tick else, Flat/Unit No, Block no. Name of Premise/Building/Village Area/Locality/Taluka District/Town/City State / Union Territory Country Pin Code 9. Phone No. STD Code Phone No. 10. Mobile No. 11. Email ID 12. Do you want to subscribe to SMS Alerts (To be made available later, on a chargeable basis): 13. Subscribers Bank Details: (Please refer to Sr. No. 6 of the instructions) You want to change Bank details of: Tier II Tier I (In case you want to change bank details in both Tier I & Tier II Account, tick both check box) Tier I Account: Savings A/c Current A/c Bank A/c Number Bank Name Bank Branch Bank Address Pin Code Bank MICR Code IFS code (Wherever applicable) Tier II Account: If same as above for Tier I Yes else, Savings A/c Current A/c Bank A/c Number Bank Name Bank Branch Bank Address Pin Code Bank MICR Code IFS code (Wherever applicable)

Annexure UOS-S2		Page 3					
Section B - Subscriber's Nomination	Details (Please refer to Sr. No.7 of the instructions)						
You want to change Nomination details of:	Tier I Tier II						
	<del>_</del>						
(in case you want to change nonlination detail	s in both Tier I & Tier II Account, tick both check box)						
Tier I Account:							
Name of the Nominee:     1st Nominee	2nd Nominee 3rd Nominee						
First Name*	First Name * First Name*						
Middle Name	Middle Name Middle Name						
Last Name	Last Name Last Name						
2. Date of Birth (In case of a minor):							
1st Nominee	2nd Nominee 3rd Nominee						
3. Relationship with the Nominee:							
1st Nominee*	2nd Nominee* 3rd Nominee *						
4. Percentage Share:  1st Nominee*	% 2nd Nominee *	%					
5. Nominee's Guardian Details (in case of a minor):							
1st Nominee's Guardian Details First Name	2nd Nominee's Guardian Details 3rd Nominee's Guardian First Name First Name	n Details					
Middle Name	Middle Name Middle Name						
White I take	Middle Halle						
Last Name	Last Name Last Name						
Tier II Account : If same as above for Tier I Yes else,							
1. Name of the Nominee:  1st Nominee	2nd Nominee 3rd Nominee						
First Name*	First Name * First Name*						
Middle Name	Middle Name Middle Name						
Last Name	Last Name Last Name						
2. Date of Birth (In case of a minor):							
1st Nominee	2nd Nominee 3rd Nominee						
3. Relationship with the Nominee:							
1st Nominee*	2nd Nominee* 3rd Nominee *						
4.2							
4. Percentage Share:  1st Nominee*	% 2nd Nominee *	%					

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Nominee's Guardian Details (in case of a minor): 1st Nominee's Guardian Details 2	nd Nominee's Guardian Details 31	d Nominee's Guardian Details								
		First Name								
ddle Name	Middle Name Mid	dle Name								
The state of the s	Title Tulke	Alle Tume								
st Name I	ast Name Last	Name								
St Ivalie 1	astivanie	Name								
Section C – Request for Reissue of I-PIN/T-PI I hereby request you to reissue the following  T-PIN  I-PIN  Section D – Request for Reissue of PRAN card will  I  declare that the information provided above is true to  Date:  D D M M Y Y Y  To be filled by POP-SP  KYC Compliance (Section A – 1,2,3, 7, & 8):  KYC document accepted for identify proof:  KYC document accepted for address proof:  KYC document accepted for address proof:	d.  be chargeable by the CRA. , the applicant, do hereby  the best of my knowledge & belief.  Y  Tes	Signature/Thumb Impression* of the Subscriber								
Document accepted for date of birth proof : Copy of PAN card submitted : Yes PAN Compliance : Yes		te of birth proof or/and for updation of PAN)								
	Signature of Authorize	ed Signatory								
	Name :	Place :								
	Designation :	Date: L L - L L - L L L D D M M Y Y								
POP-SP Seal		D D IVI IVI I I								
[To be filled by CRA - Facilitation		mber:								
Received at:	Date:									
Acknowledgement Number (To be provided by CRA-FC)										

- a. This form is to be used for the purpose of change/correction in subscriber personal details, nominee details, reissue of I-Pin /T-Pin or reissue of PRAN card.
- b. The form is to be submitted at the POP-SP for carrying out the necessary changes.
- c. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only. Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant.
- d. Please tick the box on the left margin of appropriate row where change/correction is required' and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- e. Details Marked with (\*) are the mandatory fields.
- f. Mention 12 digits PRAN correctly.
- g. All dates Should be in "DDMMYYYY" Format
- h. Application incomplete in any respect and/or not accompanied by required documents is liable to be rejected. The application is liable to be rejected if mandatory fields are left blank.
- i. Reissue of T-Pin, I-Pin and reissue of PRAN card will be chargeable by the CRA.
- j. Subscribers are advised to retain the acknowledgement slip signed/stamped by the POP-SP where they submit the application

Section A - Subscriber's Personal Details											
Sr. No.	Item No.		Guidelines for Filling the Form								
Section A – Subscriber's Personal Details											
1.	1.	Full Name	In case of change in name please provide the requisite proof such as marriage								
2.	2.	Gender	certificate or Gazette copy of name change.  Please provide a copy of Gazette Notification supporting the change								
			Please ensure that this matches with the Date of Birth as indicated in the document								
3.	3.	Date of Birth	provided in support.								
4	5.	Cotogogy	Fund transfers by NRIs would be subject to regulatory requirements as prescribed by								
4	J.	Category	RBI from time to time and FEMA requirements.								
			An NRI subscriber would need to furnish an Indian address as present address for								
5.	7 & 8.	Present Address &			nk details within India.						
		Permanent Address			ions will be sent to present address.						
					epted as proof of address is given below.  any of the bank details (except MICR code), all the bank						
6.	13	Bank Details	details shall be mandatory.  In case of bank details for Tier II, it is mandatory for the Subscriber to provide a								
-		Dank Details			details of which should match with the details provided for						
			change.		1						
		Section 1	B - Subscriber's								
			1) Subscriber can nominate a maximum of three nominees.								
		Nomination Details	2) Subscriber cannot fill the same nominee details more than once for same tier.								
7	1 to 4.		3) Percentage share value for all the nominees must be integer. Decimals/Fractional								
			values shall not be accepted in the nomination(s). 4) Sum of percentage share across all the nominees must be equal to 100. If sum of								
			percentage is not equal to 100, entire nomination will be rejected.								
	Nominee's Guardian										
8.	5. Details If a nominee is a minor, then nominee's guardian details shall be mandatory.										
Illustrative list of documents acceptable as proof of identity and address											
No.	Proof of Identity (Cop	oy of any one)		No.	Proof of Address (Copy of any one)						
1	School Leaving Certific	cate		1	Electricity bill^						
2	Matriculation Certificat			2	Telephone bill^						
3	Degree of Recognized			3	Depository Account Statement^						
4	Depository Account St			4	Credit Card Statement^						
5	Bank Account Stateme	nt / Passbook		5	Bank Account Statement / Passbook^						
6	Credit Card			6	Employer Certificate^						
7	Water Bill			7	Rent Receipt^						
8	Ration Card	t O1		8	Ration Card						
10	Property Tax Assessme	eni Order		10	Property Tax Assessment Order Passport						
10	Passport Voter's Identity Card			11	Voter's Identity Card						
12	Driving License			12	Driving License						
13	PAN Card			14	- C						
13		signed by a Member of	Parliament or		Certificate of address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or						
14	Member of Legislative	e Assembly or Municipal (	Councillor or a	13							
	Gazetted Officer.				a Gazetted Officer.						
		Address mentioned in Sr. 1	No. 1 to 7 (^) sho	ould not	be more than six months old on the date of application.						
	2) You are required to bring original documents & two self-attested photocopies (Originals will be returned over-the-										
	counter	after verification)			- • •						
	-			-							

## GENERAL INFORMATION FOR SUBSCRIBERS

For more information

Visit us at http://www.npscra.nsdl.co.in

Call us at 022-24994200

e-mail us at info.cra@nsdl.co.in

Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

Annexure UOS-SH1		Page 6
_		rovide the details in Devnagri script): ed in this annexure will be displayed on the
	ver, date of birth will be printed in Engl	
Subscriber's Fu	ıll Name:	
First Name *	:	
Middle Name	:	
Last Name	:	
Father's Full N	ame:	
First Name *	:	<del></del>
Middle Name	:	<del></del>
Last Name	:	
(* Indicates Manda	tory Field)	
		Signature/Thumb Impression* of Subscriber
	Name of the	e Subscriber: