ICSS-1 Form

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)

GENERAL INFORMATION

I) Subscriber's Name*

First Name																												
Middle Name																												
Last Name																												

II) PRAN (Permanent Retirement Account Number)*

III) Date of Birth (DD/MM/YYYY)* d d / m m / □ □ □ □

IV) PAN

V) Mobile Number

VI) Email ID

VII) Existing PRAN association (Source Office Details)

POP-SP Reg. No *:

POP-SP Name*:

VIII) Target PRAN association (Target Office Details)

POP-SP Reg. No *:

POP-SP Name*:

Declaration by Subscribers:

I agree to be bound by the terms and conditions of the target CRA, which will maintain my Permanent Retirement Account (PRA) after processing of this Inter CRA Shifting request, and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. I understand that shifting of my PRA will be carried out only after processing/cancellation, depending on the nature of the transaction, of pending transaction(s), If any, by the Source CRA, Further, I agree to pay all the charges accrued, to the source CRA before shifting to target CRA and also agree to pay all the charges, as applicable, to the target CRA pursuant to the shifting of my PRA.

Date :

Place : **Signature/Left thumb Impression:**

Instructions:

1. Filled form needs to be submitted to target POP-SP for shifting from one CRA to another CRA.
2. List of POP-SPs can be downloaded from our website https://nps.karvy.com
3. Before submitting the form, please ensure that your PRAN is in 'ACTIVE' status.
4. For more information / clarifications, contact us on our toll free number 1800 208 1516
5. ICSS form can be downloaded from our website https://nps.karvy.com

For POP-SP use :

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

Receipt No:

KARVY FINTECH