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: POP-SP Registration No. :
Receipt No.:
Entered By : Date:
Verified By:
PRAN is mandatory. Fill only the field(s) which is/are to be modified with the revised details.
I hereby request for the following details for the change. (Please tick)
I) Change or Correction in name II) Changes or Correction in other Personal details
III) Changes or Correction in Nomination details IV) Reissue of I PIN and/or T PIN
V) Reissue of PRAN Card
Permanent Retirement Account Number *:
I hereby submit the following details of change. (Please tick the box on left margin of appropriate row where change/correction is required and provide
the details in the corresponding rows.)
Section A – Change in Personal Details (* Indicates Mandatory Field) (Please refer to Sr. No.1 to 6 of the instructions for supporting document)
1. Full Name (Full expanded name: Initials are not permitted)
Please Tick as applicable Shri Smt. Kumari First Name *
Middle Name
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. Date of Birth D D M M Y Y Y Y (Date of birth should be supported by relevant documentary proof)
3. Date of Birdi D D M M T T T T T (Date of birdi should be supported by relevant documentary proof)
4. PAN (PAN should be supported by copy of PAN card)
5. Category (Please tick (√) any one): Government Private Sector Self Employed NRI Others
6. Father's Full Name:
Middle Name
Last Name
In case of changes in details pertaining to the point 1 or 3 or 6, CRA shall reprint the PRAN card and shall send the same to the subscriber. This will be
charged by CRA. 7. Present Address* (NRIs may please refer to Sr. No. 5 of the instructions):
Flat/Unit No, Block no.
Name of Premise/Building/Village
Area/Locality/Taluka
District/Town/City
State / Union Territory
Country
Pin Code

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	
State 7 Circuit 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): Yes No	
13. Subscribers Bank Details: (Please refer to Sr. No. 6 of the instructions)	
You want to change Bank details of: Tier I Tier II	
(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	
Dalik 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	n De	e tails (Ple	ase refer	to Sr. No	.7 of the	instruct	ions)		
You want to change Nomination details of:		Tier I		Tier II			ŕ		
(In case you want to change nomination deta					unt tick	hoth cl	nock h	ov)	
	ans m	both Her	T & TIC	HACCO	uni, ner	boui ci	icck ii	UX)	
Tier I Account: 1. Name of the Nominee:									
1st Nominee First Name*		First Nam	e *	2nd N	Iominee				3rd Nominee First Name*
Middle Name		Middle N	ame						Middle Name
Last Name		Last Nam							Last Name
Last value		Last Ivalii							Last Name
2. Date of Birth (In case of a minor):	1 1		1 1 1		1 1				
2. Date of Birth (in case of a milior): 1st Nominee		2nd Nomi	inee						3rd Nominee
3. Relationship with the Nominee:		2 1 N							2nd Nicosiana *
1st Nominee*		2nd Nomi	nee						3rd Nominee *
4. Percentage Share: 1st Nominee*	%	2nd Nom	inee *					%	3rd Nominee*
5. Nominee's Guardian Details (in case of a minor): 1st Nominee's Guardian Details	2	2nd Nomii		ırdian De	tails				3rd Nominee's Guardian Details
First Name		First Nam	ie						First Name
Middle Name		Middle N	ame						Middle Name
Last Name		Last Nam	e 						Last Name
Tier II Account: If same	as a	above f	or Tie	er I	Yes		else	e,	
1. Name of the Nominee:									
1st Nominee First Name*		First Nam	ie *	2nd N	Iominee				3rd Nominee First Name*
Middle Name		Middle N	ame						Middle Name
Last Name		Last Nam	e						Last Name
2. Date of Birth (In case of a minor):		-							
1st Nominee		2nd Nomi	nee						3rd Nominee
3. Relationship with the Nominee: 1st Nominee*		2nd Nomi	inee*						3rd Nominee *
	H								
4. Percentage Share:			1 1 1	- 1 - 1 -	1 1		<u> </u>	1	
1st Nominee*	%	2nd Nom	inee *					%	3rd Nominee* %
	1 1								

Annexure UOS-S2		Page 4
5. Nominee's Guardian Details (in case of a minor):		
		Nominee's Guardian Details Name
	Aiddle Name Middle	le Name
Tribule Fullic	Tidde I wille	Tune Tune
Last Name I	ast Name Last I	Name
2000 1 10000		
	A.T	
Section C –Request for Reissue of I-PIN/T-PI	N	
I hereby request you to reissue the following		
T-PIN I-PIN		
Section D –Request for Reissue of PRAN car	d.	
Reissue of T-Pin, I-Pin and reissue of PRAN card will	be chargeable by the CRA.	
I	, the applicant, do hereby	
declare that the information provided above is true to	he best of my knowledge & belief.	
Date :		Signature/Thumb
D D M M Y Y Y	Y	Impression* of the Subscriber
To be filled by POP-SP	,	
KYC Compliance (Section A – 1,2,3, 7, & 8) : Y	res	
KYC document accepted for identify proof :		
KYC document accepted for address proof :		
Document accepted for date of birth proof :		
Copy of PAN card submitted : Yes	No (In case submitted as identity proof or date	e of birth proof or/and for updation of PAN)
PAN Compliance : Yes		
TAIV Compliance . Tes		
	Signature of Authorized	d Signatory
	N	Discourse
	Name :	Place :
	Designation :	Date :
POP-SP Seal		D D M M Y Y
101-31 Scal	1	
[To be filled by CRA - Facilitation	Centre (CRA-FC)]	
Received by:	CRA-FC Registration Num	ber:
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

,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cribers are advised to re		A - Subscriber'		the POP-SP where they submit the application nal Details		
Sr. No.	Item No.	Item Details			Guidelines for Filling the Form		
		Section	A – Subscriber				
1.	1.	Full Name	In case of change in name please provide the requisite proof such as marria; certificate or Gazette copy of name change.				
2.	2.	Gender	Please provide a copy of Gazette Notification supporting the change				
3.	3.	Date of Birth	Please ensure that this matches with the Date of Birth as indicated in the document provided in support.				
4	5.	Category	Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.				
5.	7 & 8.	Present Address & Permanent Address	An NRI subscriber would need to furnish an Indian address as present address for communication and bank details within India. All future communications will be sent to present address. List of documents accepted as proof of address is given below.				
6.	13	Bank Details	If subscriber mentions any of the bank details (except MICR code), all the bank details shall be mandatory. In case of bank details for Tier II, it is mandatory for the Subscriber to provide a cancelled cheque, the details of which should match with the details provided for change.				
		Section I	B - Subscriber's	Nomina	tion Details		
7	1 to 4.	Nomination Details	2) Subscriber c 3) Percentage s values shall not 4) Sum of perc	bscriber can nominate a maximum of three nominees. bscriber cannot fill the same nominee details more than once for same tier. bscriber cannot fill the same nominee details more than once for same tier. bscriber cannot fill the same nominees must be integer. Decimals/Fractional shall not be accepted in the nomination(s). m of percentage share across all the nominees must be equal to 100. If sum of intage is not equal to 100, entire nomination will be rejected.			
8.	5.	Nominee's Guardian Details					
Illustr		acceptable as proof of ident	tity and address				
No.	No. Proof of Identity (Copy of any one)			No.	Proof of Address (Copy of any one)		
1	School Leaving Certificate			1	Electricity bill^		
2	Matriculation Certifica			2	Telephone bill^		
3	Degree of Recognized			3	Depository Account Statement^		
4	Depository Account St	atement		4	Credit Card Statement^		
5	Bank Account Statement / Passbook			5	Bank Account Statement / Passbook^		
6	Credit Card			6	Employer Certificate [^]		
7	Water Bill			7	Rent Receipt^		
	8 Ration Card			8	Ration Card		
9	Property Tax Assessme	ent Order		9	Property Tax Assessment Order		
	10 Passport			10	Passport		
	11 Voter's Identity Card			11	Voter's Identity Card		
12	Driving License			12	Driving License		
13	Member of Legislative Gazetted Officer.	signed by a Member of e Assembly or Municipal (Councillor or a	13	Certificate of address signed by a Member of Parliament or Member of Legislative Assembly or Municipal Councillor or a Gazetted Officer.		
	2) You are				be more than six months old on the date of application. tested photocopies (Originals will be returned over-the-		

GENERAL INFORMATION FOR SUBSCRIBERS

For more information

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

Call us at 022-24994200

_		indi (please provide the details in Devnagri script): ames are provided in this annexure will be displayed on the
		printed in English only.
Subscriber's Fu	ıll Name:	
First Name *	:	
Middle Name	:	
Last Name	:	
Father's Full N	ame:	
First Name *	:	
Middle Name	:	
Last Name	:	
		Signature/Thumb Impression* of Subscriber
		Name of the Subscriber:
		Traine of the Bubscriber.