

# National Pension System

Request For change in signature and/or change in photograph  
 (To avoid mistake(s), please follow the accompanying instructions carefully before filling up the form)

Acknowledgement No. (To be filled by CRA Branch) : <table border="1" style="display: inline-table; width: 150px; height: 15px; vertical-align: middle;"></table>	To affix colour photograph (3.5 cm x 2.5 cm)
Subscriber's sign/Thumb impression in blackink only.(Applicable incaseofchange of Photograph)	
Central Government <input type="checkbox"/> State Government <input type="checkbox"/> All Citizen of India <input type="checkbox"/> Corporate <input type="checkbox"/> NPS Lite/Swavalamban <input type="checkbox"/>	
Subscriber's Name <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>	
Permanent Retirement Account Number <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>	
I hereby, request you to carry out the following change.The necessary details are provided as below:	
<input type="checkbox"/> Change in signature <input type="checkbox"/> Change in photograph	
<b>Section A: Change in Signature</b>	
Reason for change in signature:	
<b>Section B: Change in photograph</b>	
Reason for change in photograph:	

Subscriber's Signature (New Signature)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<table border="1" style="display: inline-table; width: 100%; height: 15px; vertical-align: middle;"></table> D D M M Y Y Y Y						
<b>For DDO Use</b>	<b>For PAO/DTO/POP-SP Use</b>	<b>For CRA Branch</b>						
_____ Date of Receipt	_____ Date of Receipt	<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Date of Receipt</td> <td style="text-align: center;">Entered by</td> <td style="text-align: center;">Date</td> </tr> </table>	_____	_____	_____	Date of Receipt	Entered by	Date
_____	_____	_____						
Date of Receipt	Entered by	Date						
_____ Name & Signature of Authorised person/ Stamp of DDO	_____ Name & Signature of Authorised person/ Stamp of PAO/DTO/POP-SP	<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Time of Receipt</td> <td style="text-align: center;">Verified by</td> <td style="text-align: center;">Date</td> </tr> </table>	_____	_____	_____	Time of Receipt	Verified by	Date
_____	_____	_____						
Time of Receipt	Verified by	Date						

- Instructions
1. This form is to be submitted to CRA appointed Facilitation Centre.
  2. Please indicate whether request is for change in signature and/or Photograph by ticking the relevant box.
  3. The change request will be chargeable.
  4. This request must be accompanied with a DDO Covering letter on official stationery.