

FS-10/40/2023-FS-DOP
Government of India
Ministry of Communications
Department of Posts
(Financial Services Division)

Dak Bhawan, New Delhi – 110001

Dated: 26.09.2025

To

All Head of Circles/Regions

Subject: Revised Atal Pension Yojana (APY) Subscriber Registration Form – Reg
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Madam / Sir,

This is with reference to adoption of revised Atal Pension Yojana (APY) Subscriber Registration Form.

2. Protean (formerly NSDL), the Central Record keeping Agency (CRA), has communicated that the existing Subscriber Registration File (SRF) format, currently used for onboarding APY subscribers, will be discontinued & uploading of APY registration files in the earlier format will NOT be accepted in the CRA system after September 30, 2025.

3. In alignment with the latest Pension Fund Regulatory and Development Authority (PFRDA) version, the existing APY form under the Department of Post (DoP) has been modified. **The updated APY Subscriber Registration Form is enclosed herewith for immediate reference and action.**

4. The new APY subscriber form incorporates the mandatory FATCA/CRS declaration. **This declaration is applicable to a person who is a U.S. Person or whose Country of Birth / Citizenship / Residence is other than India.**

4.1. As per the provisions under Rule-4 of the Government Savings Promotion General Rules, 2018, only resident citizen of India is eligible to open an account under POSB schemes.

4.2. Since an APY account opened through a Post Office is linked with a POSA, any subscriber who selects the option 'Yes' for the FATCA/CRS declaration cannot be enrolled/subscribed through the POSA channel.

4.3. All necessary requirements as required by NSDL-Protean have been incorporated at the SRF report level in the system.

5. In view of the above, it is ensured that the new **APY Subscriber Registration Form** to be used w.e.f **01.10.2025** for on-boarding of new subscribers under APY. No unauthorized or generic forms are to be used for APY related activities.

6. It is requested to circulate it to all concerned for information, guidance and necessary action. This may also be placed on the notice board of all Post Offices in public area.

7. This issues with the approval of the Competent Authority.

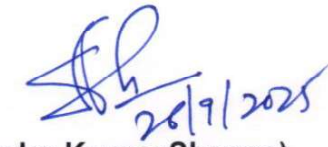
Encl. As above.

Yours faithfully,


(Devender Kumar Sharma)
Assistant Director (SB-II)

Copy to: -

1. Sr. PPS to Secretary (Posts)
2. PS to Director General Postal Services
3. PPS/ PS to Member (Financial Services)/Member (O)/Member (P)/ Member (HRD)/ Member (Tech)/ Member (Service Quality and Marketing), Member (Infrastructure), AS & FA
4. Addl. Director General, APS, New Delhi
5. Chief General Manager, BD Directorate / Parcel Directorate / PLI Directorate.
6. CGM, CEPT for kind information and necessary action.
7. Sr. Deputy Director General (Vig) & CVO) / Sr. Deputy Director General (PAF)
8. Director, RAKNPA / Directors of all PTCs
9. Director General P & T (Audit), Civil Lines, New Delhi
10. Secretary, Postal Services Board / All Deputy Directors General
11. All General Managers (Finance) / Directors Postal Accounts / DDAP
12. The Joint Director & HOD, National Savings Institute, ICCW Building, 4 Deendayal Upadhyay Marg, New Delhi-110002
13. The Under Secretary, MOF (DEA), NS-II Section, North Block, New Delhi.
14. All recognized Federations / Unions / Associations
15. Guard File/e-File.


(Devender Kumar Sharma)
Assistant Director (SB-II)



ATAL PENSION YOJANA (APY)

(Administered by Pension Fund Regulatory and Development Authority)

SUBSCRIBER REGISTRATION FORM



To The Postmaster, _____ BO/SO/HO, _____ SO/HO

Dear Sir/Madam,

I hereby request that an APY account be opened in my name under National Pension System (NPS) as per the particulars given below:

*** Indicates mandatory fields. Please fill the form in English and BLOCK letters**

1. POST OFFICE DETAILS:

POSB A/c Number* _____
 Post Office Name* _____ PINCODE* _____

2. PERSONAL DETAILS:

Name of Applicant in full* Shri ☐ Smt. ☐ Kumari ☐
 Full Name* _____
 Date of Birth* / / Age Mobile No
 Email ID _____ Aadhaar*
 Married Yes ☐ No ☐ If married, spouse name is mandatory. Spouse will be the default nominee under APY.
 Name of Spouse _____ Aadhaar
 Nominee's Name* _____ Aadhaar
 Nominee's relationship with the subscriber _____
Additional Details in case nominee is a Minor
 Date of Birth* / /
 Guardian's Name* _____
 Whether beneficiary of other statutory social security schemes Yes ☐ No ☐
 Whether Income Tax Payer Yes ☐ No ☐
 Is FATCA/CRS* applicable \$ Yes ☐ No ☐
\$ FATCA/CRS is applicable for US Persons/Tax Residents other than India. FATCA/CRS Declaration Form needs to be submitted if you are an US person or your Country of Birth / Country of Citizenship / Country of Residence for Tax Purpose is a country other than India.

3. PENSION DETAILS

Frequency of Contribution (Please tick(✓)) * Monthly ☐ Quarterly ☐ Half Yearly ☐
 Pension Amount (Please tick(✓)) * 1000 ☐ 2000 ☐ 3000 ☐ 4000 ☐ 5000 ☐

Contribution Amount (in Rs.) (To be filled by the Post Office)	
	I hereby authorize the Post Office to debit my above-mentioned account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the Post Office responsible. I also undertake to deposit the additional amount together with overdue interest thereon.

Declaration & Authorization by all subscribers

I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same and declare that the information furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the Post Office of any change in the above information furnished by me. Further, I do not hold any pre-existing account under APY. I understand that I shall be fully liable for submission of any false or incorrect information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India.

I hereby authorize PFRDA to use my Aadhaar details for APY and authenticate my identity through the Aadhaar Authentication system in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other subsidies, Benefits and Services) Act, 2016 and rules and regulations notified thereunder. I have been given to understand that my information submitted to PFRDA herewith shall not be used for any other purpose other than mentioned above, or as per requirement of law.

Date / /
 Place _____

Signature/Thumb Impression* of Subscriber
 (* LTI in case of male and RTI in case of female)

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)

(To be filled by the Post Office)

Name of the Subscriber: _____
 PRAN Number _____
 Guaranteed Pension Amount _____ Periodicity of Contribution _____
 Contribution Amount under APY (in Rs.) _____

Name of the Post Office:	Signature of the Postmaster with office stamp
BO/SO/HO	
Receiving Officer's Name:	
Date of Receipt of Application:	

*Atal Pension Yojana has now been included under the Section 7 of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act 2016. As per the provisions of the act, any individual who is eligible to receive benefits under the scheme will have to furnish proof of possession of Aadhaar number or undergo enrolment under Aadhaar authentication. All new APY registrations will have to comply with the above directives.

Self-Certification for Individual - FATCA/CRS Declaration Form

Name of Subscriber:

Permanent Retirement Account Number (PRAN):

Date of Birth:

FATCA/CRS Declaration Form		
Part I- Please fill in the country for each of the following:		
1	Country of:	
a)	Birth	
b)	Citizenship	
c)	Residence for Tax Purposes	
2	US Person (Yes / No)	
Part II- Please note:		
a. If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.		
b. if for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:		
i)	TIN	
	Country of Issue	
ii)	TIN	
	Country of Issue	
iii)	TIN	
	Country of Issue	
a. In case any of the parameters in Part I indicates that you are a US person or a person resident outside of India for tax purpose and you do not have Taxpayer Identification Numbers/functional equivalent, please complete and sign the Self-Certification section given in Part IV .		

- b. In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate

Please also fill **Part IV** Self-Certification.

Part III- Customer Declaration (Applicable for all customers)

- (i) Under penalty of perjury, I/we certify that:
1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. **(This clause is applicable only if the account holder is identified as a US person)**
 2. The applicant is an applicant taxable as a tax resident under the laws of country outside India. **(This clause is applicable only if the account holder is a tax resident outside of India)**
- (ii) I/We understand that the NPS Trust is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The NPS Trust is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iv) I/We agree that as may be required by domestic regulators/tax authorities the NPS Trust may also be required to report, reportable details to CDBT or close or suspend my account.
- (v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.
- (vi) I/We permit/authorise NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by NPS Trust and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- (vii) I / We hereby accept and acknowledge that NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to NPS Trust.
- (viii) I/We shall indemnify NPS Trust for any loss that may arise to NPS Trust on account of providing incorrect or incomplete information.

Signature :

Name :

Date (DD/MM/YYYY) :

Part IV- Self-Certification:

To be filled only if-

(a) Name of the country in Part I is other than India and TIN or functional equivalent is not available, or

(b) US person is mentioned as Yes in Part I, and TIN is not available

I confirm that I am neither a US person nor a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and residency in India.

Signature

Document Proof submitted (Pls tick document being submitted)

☐ Passport

☐ Election Id Card

☐ PAN Card

☐ Driving License

☐ UIDAI Letter

☐ NREGA Job Card

☐ Govt. Issued ID Card