	CENTRAL RECORDKEEPING AGENCY																													
ATAL PENSION YOJANA (APY) Form For Registration of Banks/FIs as service providers for APY																														
Registration Number of Bank/FI (To be allotted by CRA)]																			
(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All Fields are mandatory.)																														
Sir/Madam, We hereby submit a request to be registered as service providers for APY. The necessary details are provided below:																														
																										1				
1. Name of the Bank:																														
2. Head Office address:															1	1														
Flat/Room/Door/Block no.																														-
Premises/Building/Village																														
Area/Locality/Taluk City/Town/District																						DIN	CODE	:						
State/U.T.																			111				untry							
3. Website address:	1						1															000								Ī
															_															
4. Compliance Officer's details: Name:		One	poin	t cont	tact 10	or AP	reia	tea iss	sues)																					Г
		1	1	1	1	1	1			<u> </u>			<u> </u>	<u> </u>			1	1	<u> </u>	<u> </u>	1	<u> </u>	1	1		1	1		<u> </u>	<u> </u>
Designation:							1			<u> </u>			<u> </u>	<u>I </u>					<u> </u>	<u> </u>		<u> </u>				<u> </u>			<u> </u>	<u></u>
Phone No:		CTD	Code					hone	numb				<u> </u>	1	Mob	ile No.	•		<u> </u>	<u> </u>		<u> </u>							<u> </u>	<u> </u>
Email id:		שונ	Code					none	numi	er																1				
Emairiu.																														
5. Grievance Redressal Officer's	letaile																													
Name:	Zetans																													
		1	1	1	1)			<u> </u>			<u> </u>	<u> </u>			1	1	<u> </u>	<u> </u>	1	<u> </u>	1	1		l	1		<u> </u>	
Designation:		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>			<u> </u>			<u> </u>	<u>!</u> T	<u> </u>			<u> </u>	ļ	<u> </u>	 	<u> </u>	 	 	<u> </u>	 T				
Phone No:		STD	Code				Pho	ne nu	mber					1	Mob	ile No.	•													<u> </u>
Email id:																										1				
6. Bank's Details: (Designa	ted Ba	nk acc	count	for a	ccept	ing AF	PY con	tribu	tions	only)			Bank	< Acc	count Type S			aving A/c				Cu	ırrent	A/c	4/c					
Bank A/c Number:																														
IFS Code															MICI	R Code)													
7. We hereby agree and declare that the information supplied in the application is complete and true AND we further agree that, we will notify CRA immediately about any change in the information supplied in the application is complete and true AND we further agree that, we will notify CRA immediately about any change in the information supplied in the application is complete and true AND we further agree that, we will notify CRA immediately about any change in the information supplied in the application is complete and true AND we further agree that, we will notify CRA immediately about any change in the information supplied in the application is complete and true AND we further agree that, we will notify CRA immediately about any change in the information supplied in the application is complete and true AND we further agree that, we will notify CRA immediately about any change in the information supplied in the application is complete and true AND we further agree that the information supplied in the application is complete and true AND we further agree that the information supplied in the application is complete and true AND we further agree that the information supplied in the application is complete and true AND we further agree that the information supplied in the application is complete and true AND we further agree that the information supplied in the application is complete and true AND we further agree that the information supplied in the application is complete and true AND we further agree that the information supplied in the application is complete and true AND we further agree that the application is complete and true AND we further agree that the application is complete and the application are application and the application and the application are a														the ir	nform	atior														
provided in the application with																														1
																												1		
								<u> </u>																				J		
															Signa	ture o	f Autl	horise	d Sig	natory	<u> </u>		-							
Name:															Place:															
Designation:																		Date:]]			1
Bank	Seal																					D	D	_	М	М	_	Υ	Υ	
																														j
Following document to be so 1.Attested copy of the Regist			_																											
I																														