## **Standard Operating Procedure**



### Usage of

Offline Integrated Application Registration Form

To Initiate Subscriber Enrollment in MGPSY

(Part of Offline Enrolment Process under MGPSY)



# **Ministry of Overseas Indian Affairs**Government of India



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**Note:** This SOP is to be followed by "MGPSY Service Provider" during the offline subscriber enrolment process in MGPSY, to ensure the thorough completion of the application form to fulfill requirements of all the (three) scheme partners.



## STANDARD OPERATING PROCEDURE FOR ENSURING COMPLETENESS AND CORRECTNESS OF PARTNER SCHEME FORMS

#### Introduction

This Standard Operating Procedure (SOP) provides a detailed checklist that would be followed by the Service Provider, at the offsite camp, for enrolling a subscriber in MGPSY scheme. This SOP details out the activities that need to be performed when subscribers are registered at offsite camps. This is done in order to ensure the forms are **not rejected** by scheme partners due to incomplete/missing information / supporting documents and a subscriber's registration happens smoothly and successfully in the partner schemes under MGPSY, namely – NPS-Lite for Pensions, UTI-MIS for Return and Resettlement and LIC for Insurance.

This document highlights essential sanctity checks to be performed by the Service Providers' staff –

- 1. MGPSY Enrolment Offline Integrated Application Form (main section first five pages)
- 2. NPS-Lite Form Declaration & Authorization section (pages six and seven)
- 3. UTI-Mutual Fund's Declaration section (page eight)
- 4. LIC Application Form Declaration Section (page nine)
- 5. SI/ECS Mandate Form

The complete form captures the requirements as prescribed by the respective partner agencies / regulators. Service provider should ensure that all the requirements (as per the checklist given in this document) are followed to ensure successful registration in partner schemes.



### OIAF Section - 1: MGPSY (PLIF) Main Form

	-	
Offline Integrated Application Form for Enrolment in Mahatma Gandhi Pravasi Suraksha Yojana (MGPSY)  — Pension and Life Insurance Fund —  To affix recent Coloured Photograph of the Subscriber of the Subscriber (3.5cm x 2.5cm)  PLIF Number  Enrolment Date  Passport Copy, Bank Details and 3 colored photos are required, else the form will be rejected.  *Denotes Mandatory	1	Color Photograph Here. A color photo must be "pasted" properly  IMPORTANT: DO NOT PIN OR STAPLE THE PHOTO AND DO NOT WRITE ANYTHING ON THE PHOTO
Core Details  Signatural Att Thumb Impression of Subscriber in BLACK ink only  1. Full Name (As per passport: initials are not permitted): Shri Shri Kumari (Please tick as applicable)  Given Name (First Name + Middle Name)*  Last Name/Surname	2	Signature/Thumb Impression of Subscriber Ensure subscriber signs/puts thumb impression in BLACK
2. Father's Name Given Name (First Name + Middle Name)*  Last Name/Surname  3. Marital Status*: Married Unmarried 4. Aadhaar No. (UID):		INK ONLY inside the box below the photograph.  NOT TO BE LEFT BLANK.
5. Employee No./ID:  7. PRAN No. (Existing NPS Lite Subscriber):  8. Folio No. (Existing UTI Subscriber):  9. Identification Mark of Subscriber*  10. State of Health of the Applicant*  11. Subscriber's Contact Details: Mobile No.:		
Landline No. (including Country Code):  Email ID:  12. Subscriber's Permanent Address (if different from address in the passport)  Flat/Unit No., Block No.*  Name of Premises/Building/Village		
Area/Locality/Taluka  District/Town/City*  State/Union Territory*		
Country* PIN Code*		

#### Note:

- This page should be attached with the System generate Form of NPS-Lite before forwarding it for processing.
- A photocopy of the form should be taken for Record-Keeping -by service provider.



13. Correspondence Address (Fill in if Correspondence Address is different from the passport address/Permanent Address)		
(in case of NRI, please capture overseas address)		
Flat/Unit No./P.O. Box No.*		
Name of Premises/Building/Village		
Area/Locality/Taluka		<b>Residential Status</b>
		In case the subscriber
District/Town/City*	3	is NRI, ensure that his
		overseas address is
State/Union Territory*		captured
Country* PIN Code		
14. Statement Dispatch Option: Overseas Address Local Address 15. City of Registration		
Bank Details		
16. Subscriber's Bank Account Details: NRE NRO		
Bank A/c No.*		
Bank Name*		
Bank Branch*		
Bank Address*		
Bank City® PIN Code BankMICRCode®		
Bank Branch IFSC* (Indian Financial Systems Code)		
Nominee Details		
17. Subscriber's Nomination Details*: (At least one nominee is Mandatory)		
1st Nominee:		Nominee Details
First Name		Subscriber should
Middle Name	4	provide at least 1
Last Name		nominee (it is
Date of Birth of Nominee		mandatory).
Relationship with the Nominee: Percentage Share: Percentage Share:		First Nominee will be
-		used as Nominee for
		LIC



2nd Nominee:	
First Name	
Middle Name	
Last Name	
Date of Birth of Nominee	
Relationship with the Nominee: Percentage Share: Relationship with the Nominee: Relationship	
3rd Nominee:	
First Name	
Middle Name	
Last Name	
Date of Birth Of Nominee	
Relationship with the Nominee:	
Percentage Share: 96 (Sum of percentage share across all nominees must be equal to 100)	
36. Nominee's Guardian Details (in case of a minor):	
1st Nominee:	
First Name	5
Middle Name	3
Last Name	
Nominee's Relation with the Guardian:	
2nd Nominee:	
First Name	
Middle Name	
Last Name	
Nominee's Relation with the Guardian:	
3rd Nominee:	
First Name	
Middle Name	
Last Name	
Nominee's Relation with the Guardian:	
19. Documents Provided by the Subscriber	
□Passport Copy □Labour Card □Visa Copy □Employer's Letter □Age Proof	
☐ Cheque Leaf ☐ ECS/SI ☐ Address Proof ☐ Work Permit	
Payment Details  20. Transaction Charges to be paid to the Distributor (Please tick as applicable)  I am a First-Time Investor in Mutual Funds  ₹ 150/- will be deducted as transaction charges per Subscription of ₹ 10,000 and above.  I am an Existing Investor in Mutual Funds	
₹ 100/- will be deducted as transaction charges per Subscription of ₹ 10,000 and above.	
Existing Unit Holder's Information Scheme Name: Folio No.:	
3	

Nominee's Guardian Details If a Nominee is Minor,

his/her Guardian
Details are Mandatory



21. Initial Contribution:
Type of Debit ECS SI Cheque Cheque DD# No. Cheque Date
Bank Branch
Net Amount Paid Amount to be invested in Pension Amount to be invested in UTI
22. Subsequent Contribution
From Date Periodicity Monthly Quarterly Yearly
To Date Net amount to be deducted
Amount to be invested in UTI (R&R)
Customer Undertaking  I the subscriber, have understood the Mahatma Gandhi
Pravasi Suraksha Yojana (MGPSY). I agree to abide by the Terms and Conditions of the scheme, and understood that:
<ol> <li>Registration in all three schemes – LIC, UTI-MIS and NPS-Lite – is Mandatory. In case of Registration Rejection from any of the Scheme Partners, the subscription in MGPSY will be cancelled and money will be refunded.</li> </ol>
2 My contribution for pension funds (NPS-Lite) under MGPSY will be managed by Pension Fund Managers (PFMs)
appointed and regulated by Pension Fund Regulatory and Development Authority (PFRDA).  3. My contribution for Return & Resettlement (R&R) will be managed by UTI Asset Management Company (UTIAMC),
shall be invested in an asset mix of instruments, ranging from government and corporate bonds to equities as per prescribed investment regulation in each case. Given the variable returns associated with equity instruments, the returns and value of the saving may go up or down, and I am not being offered any guarantee or assured returns.
<ol> <li>Past performance of the Pension Fund Managers (PFMs) or UTIAMC or of the fund does not guarantee its future performance.</li> </ol>
<ol> <li>I will get benefit of free life insurance coverage under Janashree Bima Yojna (JBY) by Life Insurance Corporation of India (LIC), only for the time I am an active subscriber in MGPSY.</li> </ol>
6. There would be separate Terms and Conditions for subscribers from respective scheme partners/product owners
under MGPSY. I agree to be bound by the said Terms and Conditions and understand that the same may be amended completely or partially, without any new Declaration/Undertaking being signed.
7. The declarations of NPS-Lite & UTI-MIS will be attached to the respective system-generated forms.
8. Passport Copy, Visa Copy, Bank Details and 3 coloured photos are required, else the form will be rejected.

- 9. If applicant is an NRI, overseas address proof is mandatory.
- 10. 1st Nominee would be taken as the Nominee for LIC.
- 11. I do hereby declare that the above information provided above is true to the best of my knowledge & belief.

#### NPS Terms & Conditions

#### Declaration & Authorization

I hereby declare and agree that (a) I have read and understood the Offer Documents, Terms & Conditions or the same was interpreted to me, and the answers entered in the application are mine. (b) I am a citizen of India. (c) I have not been found or declared to be of an unsound mind under any law for the time being in force. (d) I am not an undischarged insolvent. (e) I do not hold any pre-existing account under NPS.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that:

- 1. The contribution paid has been derived from legally declared and assessed sources of income.
- 2. Lunderstand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust has the right to close the NPS account in case I am found guilty of violating the provisions of any law, directly or indirectly, by any competent Court of Law, having relation to the laws governing prevention of money laundering in the country. I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the Scheme. I also undertake to adhere to the prescribed contribution limit of minimum ₹ 1,000/- and maximum of ₹ 12,000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as

### may be prescribed. UTI Terms & Conditions

#### Declaration And Signature Of The Applicant

I have read and understood the contents of the Scheme Information Document, Statement of Additional Information and Key Information Memorandum, addenda issued till date and apply to the Trustee of UTI Mutual Fund as indicated above. I agree to abide by the terms & conditions, rules & regulations of the Scheme as on the date of investment. I undertake to confirm that this investment has been duly authorized by appropriate authorities in terms of all relevant documents and procedural requirements.

4



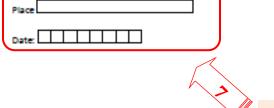
I have not received nor been induced by any rebate or gifts, directly or indirectly in making the investments.

I hereby authorize UTI MF/UTI AMC to share my data furnished in the Form to my distributor and other service providers of the UTI MF for the purpose of servicing, issue of account statement/consolidated statement of account, etc., and cross-selling of products/schemes of the UTI MF.

The ARN holder has disclosed to me all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I confirm that I am Non-Resident of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO Account. I undertake to provide further details of source of funds and any such other relevant documents, if called for by UTI Mutual Fund. (Applicable for NRIs)

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction





Signature/Thumb Impression of the Subscriber

Place and Date Ensure Place, where the form is filled, and the Date, on which the Form is filled are captured

NOT TO BE LEFT BLANK.

Signature/Thumb
Impression of
Subscriber Ensure
subscriber signs/puts
thumb impression
inside the box

NOT TO BE LEFT BLANK.



### **OIAF Section - 2: NPS-LITE - Declaration Section**

NPS – Lite Form  Declaration & Authorization  I hereby declare and agree that (a) I have read and understood the Offer Documents, Terms & Conditions or the same was interpreted to me, and the answers entered in the application are mine. (b) I am a citizen of India. (c) I have not been found or
Declaration & Authorization I hereby declare and agree that (a) I have read and understood the Offer Documents, Terms & Conditions or the same was
I hereby declare and agree that (a) I have read and understood the Offer Documents, Terms & Conditions or the same was
interpreted to me, and the answers entered in the application are mine. (b) I am a citizen of India. (c) I have not been found or
declared to be of an uncound mind under any law for the time being in force. (d) I am not an undischarged incolvent. (e) I do not hold any pre-existing account under NPS.
Declaration under the Prevention of Money Laundering Act, 2002
I hereby declare that:
<ol> <li>The contribution paid has been derived from legally declared and assessed sources of income.</li> <li>I understand that the PFRDA/NPS Trust has the right to peruse my financial profile and also agree that the PFRDA/NPS Trust</li> </ol>
has the right to close the NPS account in case I am found guilty of violating the provisions of any law, directly or indirectly,
by any competent Court of Law, having relation to the laws governing prevention of money laundering in the country.
<ol> <li>I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme.</li> <li>I also undertake to adhere to the prescribed contribution limit of minimum ₹ 1,000/- and maximum of ₹ 12,000/-, failing</li> </ol>
which the Central Government contribution credited to my account may be forfeited along with such interest rates as may
be prescribed.
the applicant, do hereby declare that the information provided above is true to the best of
my knowledge & belief.
Date: (DD/MM/YYYY) Signature/Thumb Impression* of the Subscriber
Authorization by Aggregator Office (NL-AO):  Certified that the subscriber is registered with the Aggregator and he/she has opted to join NPS. I hereby declare
that subscriber is eligible to join NPS and the above declaration has been signed thumb impressed before me by
after (z)he haz read the entriez/entriez
have been read over to him/her by me.
(Rubber Stamp of the Aggregator) Signature of the Authorized Perzon  Name of the Aggregator:
NPS-Lite - Account Office (NL-AO) Registration No.:
NPS-Lite - Account Office (NL-AO) Registration No.:
Date:/
Date:/
Date:// Place:
Date:/
Date:/
Date:/
Date:/
Date:

Signature/Thumb
Impression of
Subscriber Ensure
subscriber signs/puts
thumb impression inside
the box

NOT TO BE LEFT BLANK.

Section to be completed by Service Provider as NPS-Lite Aggregator Ensure that signature of authorized person is put, form is rubber stamped, NL-AO and NL-CC are correctly written on the form Important: NL-CC Registration Number must be mentioned clearly along with Rubber Stamp impression of Aggregator.

b) For more information - Visit us at http://www.npscra.ndd.co.in or call us at 022-2499 4200 or e-mail us at info.cra@nzdl.co.in or write to Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing,

a) The Subscriber can obtain the status of his/her application from the respective Aggregator.

Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai-400 013.



#### Note:

- This section of the form, Page 6, should be attached with the System generated Form of NPS-Lite, before sending it for processing.
- Additional Documents required with the NPS-Lite Form: Passport Copy (First and Last page)



### **OIAF Section - 3: UTI - Declaration Section**

DECLARTION I have read a and Key Info above. I agre I undertake t documents a I have not re I hereby aut providers of etc., and cro The ARN hole to him for t recommende I confirm tha approved ba funds and ar I/We here transaction of distributor of manager/sale Address of No 1st Nominee  2nd Nominee	nd underst rmation Me te to abide o confirm t nod proced ceived nor horize UTI the UTI Mi ss-selling o der has dis he differer et to me/us tt I am Non nking char ny such oth eby confirm without ar or notwiths	tood the emorar is by the chat this ural resident is many the chat this ural resident is compared to the compa	e connidum, e term s invergence of the confidence of the confidenc	ntents on, adden ms & conestments. Seed by arrived to sall the mg schemes of Indian mmy / docume EUIN box on or a me advice advi	of the sinda issinditions in hare in freeze on the comments of	ANT Scheming, rul een du ate or ny dat cing, i ee UTI missior f vario ionalit f called by th in-app	I dat les & uly au gifts a fu issue MF. ns (in O Ac ous N for nten e en oropr	torma e and regu uthor s, dire rnish of a the Mutu by U tiona nploy riaten	d app latio ized l ectly ed in ccour form al Fu al Fu tt. I u TI Mu tt. I u TI Mu lly le ee/re ess,	ly to ns o by a or in the nt st of t nds nat t nde at tal if b ilatio	o the of the ppro- ndirect e For patent rail of from the functions il Fun- lank onshi	True Scopring of the scopring	istee themate a t, in a to n t/co mon is arm pro (App man vide	e of U me as authorny d makiny d insoli sion e ren vide e ren vide us as ager, d by	JTI N is on oritic ing t istri idate or a whi white tur ble t s thi /sale / the	futu the sin the i buto dist my or chit ther for N sis; sis; sis;	al Podate date term nives r ar ater ther som det iRis) an " erso nplo	und as e of in ms of a stmen nd oth ment of r mode schem abroa ails of 'execu- in of 'oyee/re	s indi nivest all rei its. her s sof ac e), pa ie is ad th f sou ition- the i	ervice count ayable being rough roe of only" above onship		1	Iı S	Nomine Ensure Nomine NOT TO	addresses is career in a caree	ss of all apture EFT BL	l the
Notes: 1. If the appl 2. Consolidat 3. Please ens	ted Accoun	it State	ment	t (CAS)	other	esent	eme with	ent is	not f	ulfill of t	the f	ollo	win	g mo	onth	of t	he t	transa	ction	1.			tl	numb im <sub>j</sub> ne box I <b>OT TO B</b>			
4. All comm	n, Redemp nited, Nara	relating otion, D yani M	g to i Seath Iansio	issue of Claims, on, H.No 40-2311	f State, etc., o.1-90-1 5503	may p -2/10/8 i. E-m	lease , Vit ail: u ledg	talra ti@k	o Nag arvy.	ssed gar, com	Mad	he	Regi	strar	r. M	s. K	arvy	Comp 081.	puter		]		1	01100		DUNA	Α.
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#### Note:

- This section of the form, Page 7, should be attached with the System generated Form of UTI-MIS, before sending it for processing.
- Please attach a subscriber attested photocopy of the passport/any other address proof, if available
- Please attach a completed copy of the SI/ECS mandate form
- Please ensure that the name, address, bank account details, nationality, passport number, PLIF number are captured on the UTI form



## **OIAF Section – 4: ECS/SI Registration Form**

## **ECS Mandate Registration Form**

User Company Name & Address of User Company Electronic Clearing Service (Debit) Clearing/Direct Debit  UI Code:  Mandate Reference No.:  The Manages, Bank Name: Branch Name: Address:	12	Bank Details Ensure details of the Bank (including branch) of Subscriber's account are completed.  NOT TO BE LEFT BLANK.
I hereby authorize you to debit my account for making payment to MGPSY through ECS (Debit) clearing / Direct Debit as per the details given as under	· ·	
Mode of Payment (Please tick) ECS Direct Debit		MICD C. J.
MICR - 9-Digit code numbers of the bank & branch  (Annearing on the MICR cheque issued by the bank):	13	MICR Code
Account Type - NRO: NRE: Ledger No./Ledger Folio No.: (to be left blank)		MICR Code appearing on the Cheque issued by the Bank Branch
Account No.:		NOT TO BE LEFT BLANK.
E. Account holder's name (As per bank's record).		
Customer Reference No.  Assigned by  Name of the Date of effect Periodicity Amount Mandate Valid		
MGPSY Scheme Date (M/Bit/VQIy/etc.) (Upper limit in ₹) up to (End Date)		Account Type
		Account Type allowed is NRE
	14	and NRO only.
	**	•
F. Date of Effect:  I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or got effected		NOT TO BE LEFT BLANK.
at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibilities expected of me as a participant under the Scheme. This is to inform that I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing)/Direct Debit/Standing Instruction and that my payment towards my loan/investment in MGPSY shall be made from my/our above-mentioned		
bank account with your bank. I/We authorize the representative of TechProcess Solutions Ltd. carrying this ECS (Debit	15	Account Number
Clearing/Direct Debit/Standing Instruction mandate form to get it verified & executed. I/We also authorize the bank to debit my account for charges towards mandate verification and transactions bounced due to "insufficient funds" as	(3) //	Bank Account Number of the
applicable.		
I hereby declare that the particulars given on this form are correct and complete. I understand and agree that:  1. The premium payment in respect of my enrolment in Mahatma Gandhi Pravasi Suraksha Yojna (MGPSY) will be charged		subscriber to be used for ECS
to the bank account nominated by me as above at the interval agreed by me in the proposal form for MGPSY. In the		NOT TO BE LEFT BLANK.
event of a change in premium the amount that will be debited will be the premium as applicable which may be different from the premium paid by me till date. I agree and accept that no fresh authorization will be required and taken.		NOT TO BE LEFT BLANK.
<ol><li>In case the premium gets rejected, the deduction can be made along with the subsequent installment or in the subsequent month</li></ol>		
I hereby also instruct to change my Savings Bank Account to NRO Account after my status is changed to NRI.		
Date: Signature of the account holder. (As per bank's record)		Ciana tana a /Thanash
	16	Signature/Thumb
<u> </u>		Impression of Subscriber
For Bank Use Only  Certified that the bank account details and signatures of the account holder(s) are correct and as per bank's records.		Ensure subscriber signs/puts
Date: Stamp & Signature of the Authorized Official of the Bank		thumb impression in BLACK
(Note: Mandate to be obtained in 3 copies, Original for Bank, One for User Co. and other for the Customer)		INK ONLY
·		NOT TO BE LEFT BLANK.



## **SI Mandate Registration Form**

	SI Mandate Form									
Copy to User Company Name:	I hereby authorize you to debit my the details given as under:	account for mai	king payment as per							
Address: A. NAME OF THE ACCOUNT HOLDER:										
	B. 9-DIGIT COL (Appearing Account Ty	pe								
C. ACCOUNT TYPE: (NRE/ NRO):	4 -		NRE and NRO	only.	Account					
D. LEDGER NO. / LEDGER FOLIO NO. :	17 NOT TO BE	LEFT BLANK	<b>K</b> .		Number					
E. ACCOUNT NUMBER:	18	Bank Account								
(Please attach the photocopy of a cheque of a the MICR Code, Transaction Code, A/c No. and		Number of the subscriber to be								
Name of the Date of effect		used for SI								
Scheme (PRODUCT) From To	limit in Rs.)	to	to be credited		NOT TO BE					
MGPSY		Bank of Baroda			LEFT BLANK.					
F. DATE OF EFFECT:  I hereby declare that the particulars given abo	we are correct and complete if the t	ransaction is del	aved or not effected							
at all for reasons of incomplete of incorrect in	formation, I would not hold the us	er institution res	ponsible. I have read							
the option invitation letter and agree to discha I hereby also instruct to change my Savings					Subscriber's					
			/		Signature					
DATE:		(Signature of the	Customer)	19	Capture the date					
				<u>'</u>	and subscriber's					
(Bank's Stamp)	Signatures of th	e Authorized Off	icial from the Bank		signature here					
(Note: - Mandate to be obtained in 2 copies, O	-			Ш.						
(Note Mandate to be obtained in 2 copies, o	riginal for bank, and other for custo	ner.j			Bank Stamp &					
					Authorized					
					Signatory's seal					
				73	Ensure that the					
					Bank's Stamp and					
					signature of the					
					authorized official from the bank is					
					put here					
	9									



## Additional documents required

- Passport Copy (First Page and Last Page)
- Copy of Employment Letter
- Work Permit Copy
- Copy of Visa
- Three color photographs