## **POST OFFICE SAVINGS BANK** APPLICATION FORM FOR OPENING OF ACCOUNT/PURCHASE OF CERTIFICATE **FOR USE OF POST OFFICE**

Indi	ia Poet					 	 	OTTICE							
ost Office			Tran	i-ID			SOL ID		Dat	e of N	Matur	rity			
ccount Nur	mber						CIF-ID	(1)							
IF-ID (2)							CIF-ID	(3)							

Instructions: i. Please tick (V) the appropriate box, ii) Use CAPITAL LETTERS only while filling in the application form and iii) Submit the self-attested copies of the Documents. To The Postmaster Paste photograph Paste photograph Paste photograph ..... of applicant/s of applicant/s of applicant/s Madam/Sir, I/We ......(Applicant/ guardian) hereby apply for opening of an account under ......(Savings/RD/ 1,2,3,5 Years TD/MIS/SCSS/PPF/SSA/KVP/NSC VIII<sup>th</sup> Issue) scheme in your Post office in my/our name(s)/in the name of minor or person of unsound mind. (i) Cheque Book required (for Post Office Savings Account) Yes No. (ii) Account Holder Type :- ☐Self ☐Minor through Guardian ☐ Person of unsound mind through guardian. ☐ Either or Surviror (Joint B) ☐ All or Survivor(s) (Joint A) (iii) Account Type:-☐ Single 1. In case of account opened in the name Minor/ Person of unsound mind. Name of Minor/Person of unsound mind Date of Birth(DD/MM /YYYY) Gender Name of Guardian, Relationship and and in words (M/F/O) status – Natural or Legal 1. 2. Details of proof of age of minor along with its date of Issue and Issuing Authority (In case of SSA A/c Birth Certificate is mandatory) 2. I/We tender herewith Rs....../-(Rs.....(In words) in cash/DD/Cheque No...... date...... as initial deposit. My/Our particulars are as under:-1<sup>st</sup> Applicant 3<sup>rd</sup> Applicant 2<sup>nd</sup> Applicant **Particulars** Name of the Applicant/ Guardian Name of Husband/ Father/ Mother Gender (M/F/O) Date of Birth (DD/MM/YYYY) and In words (mandatory) Aadhaar Number PAN Number\* CIF ID (existing A/Cs holders) Present Address:-House/Locality/Village & Post Office/City/District/ State/Pin Code Permanent Address: House/Locality/Village &Post Office/ City/ District/ State/Pin Code Telephone No./Mobile No.\* E-mail ID **ID Proof** (Document No./Date of Issue/ Issuing Authority) Address Proof (Document No./Date of Issue/ Issuing Authority) For SCSS Account details of proof of age (Doc. No., issue Date and Issuing Authority) (If Aadhaar Card details are not provided, any of the following documents can be accepted as valid documents for the purpose of identification and address proof):-1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by NREGA signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address. Specimen Signatures 1..... 1..... 1..... 2..... 2..... 2.....

3.....

3.....

Name:-......Name:-......Name:-.....

## 3. Declarations

	:- (1) I/We hereby unde cheme and amendment		-	sions and Government Savir	ngs Promotion I	Rules, 2018 applicable
(Details	available at https://www	v.indiapost.gov.in	/VAS/Pages/RTI/R	TI-Manual-5.aspx)		
		•		nd is/are Resident citizen o	f India and und	dertake to inform the
	office of any change in I	• •	•			
		•	-	older attained age of 18 year	rs and thereaft	er, account holder will
(4) In ca	the account. (In case of se services of SAS/MPKB	Y Agent are taker	n: -			
				Date of validity		
			nas been opened ι	ınder Sukanya Samriddhi Ac	count in the nar	me of the depositor in
-	ne Post office/Bank in th	•		and onder Dublic Describe	-	
	<u>- (1)</u> I hereby declare t minor in any of the Post			ened under Public Provider	nt Fund Accour	it in the name of the
	<u> </u>		•	sit in the accounts opened ir	n my name and	in the name of minors
		-	-	ng will be treated as in conti	•	
				ccounts* as on today unde		
	/ Senior Citizen Savings					856
Sl.No.	Name of Scheme	Date of ope		Customer Identification	Account	Name of Post
	(MIS or SCSS)	of account	deposited	Number (CIF No.)		Office/Bank
1	,		•	, ,		,
2						
	number of accounts is m	ore, details of all	accounts should b	e filled and attached as anne	exure duly signe	ed.
	(V) the appropriate box	,			, 3	
Date:-				Signature or thumb	impression of	Applicant(s)/Guardian
				_		
			<u>4. Nomi</u>	<del></del>		
				entioned below to whom to		•
		ount standing to	my credit in	(Name	of Scheme) at	the time of my death
	e payable.	T = 11	T		- C	
S.No	. Name(s) of the	Full	Aadhaar numbe			Nature of
	. Name(s) of the nominee(s) and	address	of nominee	Date of birth of nominee in case of minor nomine		entitlement
S.No	. Name(s) of the					
S.No	. Name(s) of the nominee(s) and	address	of nominee			entitlement
S.No.	. Name(s) of the nominee(s) and	address	of nominee			entitlement
S.No	. Name(s) of the nominee(s) and	address	of nominee			entitlement
1 2 3	Name(s) of the nominee(s) and relationship	address (s)	of nominee (optional)	in case of minor nomine	e entitlement	t entitlement Trustee or owner
S.No  1 2 3 4	Name(s) of the nominee(s) and relationship  As the nominee(s)	address (s) at Serial No	of nominee (optional)	in case of minor nomine	e entitlement	t entitlement Trustee or owner  or(s), I/We appoint
5.No  1 2 3 4  Shri/Sm	Name(s) of the nominee(s) and relationship  As the nominee(s) t/Kumari	address (s) at Serial No	of nominee (optional)	in case of minor nomine	e entitlement	t entitlement Trustee or owner  or(s), I/We appoint
S.No  1 2 3 4  Shri/Sm Address	Name(s) of the nominee(s) and relationship  As the nominee(s) t/Kumari	address (s) at Serial No	of nominee (optional)	in case of minor nomine	e entitlement	t entitlement Trustee or owner  or(s), I/We appoint
S.No  1 2 3 4  Shri/Sm Address receive	Name(s) of the nominee(s) and relationship  As the nominee(s) t/Kumarithe sum due under the s	address (s)  at Serial No	of nominee (optional)	in case of minor nomine	e entitlement	t entitlement Trustee or owner  or(s), I/We appoint
S.No  1 2 3 4  Shri/Sm Address receive	As the nominee(s) t/Kumarithe sum due under the sapplicant(s) is/are illiter	address (s)  at Serial No aid account in the	of nominee (optional) S/o,D/	in case of minor nomine	is/are mino	or(s), I/We appointto
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S.No  1 2 3 4  Shri/Smr Address receive (In case, 1. Signar Name & 2. Signar Name & Date:  I have ca approve Account	As the nominee(s) t/Kumari the sum due under the sapplicant(s) is/are illiterature of witness Address Address Address Arefully examined this apad.	address (s)  at Serial No aid account in the ate)  plication and Ide name of	of nominee (optional)  o.(s)	in case of minor nomine specified above o,W/o  death during the minority o  Signature or thumb i  OST OFFICE as address proof documentswith Rs	is/are mino	t entitlement Trustee or owner  or(s), I/We appoint tos;).  c
S.No  1 2 3 4  Shri/Smr Address receive (In case, 1. Signar Name & 2. Signar Name & Date:  I have ca approve Account	As the nominee(s) t/Kumari the sum due under the sapplicant(s) is/are illiter ture of witness Address Address Address	address (s)  at Serial No aid account in the ate)  plication and Ide name of	of nominee (optional)  o.(s)	in case of minor nomine specified above o,W/o  death during the minority o  Signature or thumb i  OST OFFICE as address proof documentswith Rs	is/are mino	t entitlement Trustee or owner  or(s), I/We appoint tos;).  c
S.No  1 2 3 4  Shri/Sm Address receive (In case, 1. Signa; Name & 2. Signa; Name & Place: Date:  I have ca approve Account	As the nominee(s) t/Kumari the sum due under the sapplicant(s) is/are illiterature of witness Address Address Address Arefully examined this apad.	address (s)  at Serial No aid account in the ate)  pplication and Ide name of	of nominee (optional)  o.(s)	in case of minor nomine specified above o,W/o  death during the minority o  Signature or thumb i  OST OFFICE as address proof documentswith Rs	is/are mino	t entitlement Trustee or owner  or(s), I/We appoint tos;).  c
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