

APPLICATION FOR ISSUE OF DUPLICATE PASS BOOK

Sl.No.	Description	To be filled by depositor
1	Account Number and type of National (Small) Savings Scheme	
2	Account Type (Minor/Person of unsound mind, Single/ Joint A/C	
3	Name of Post Office in which Account stands.	
4	If account stands at BO , Name of BO	
5	Name of Account holder(s)	
6	Name of Husband/Father/Mother/Guardian	
7	Address of account holder(s) at the time of opening of account.	
8	Present address of account holder(s)	
9	Date of opening of account and office at which it was originally opened if different from col.3	
10	Date and particulars of last transaction of account	
11	Balance at credit after the last transaction	
12	Name of the PO from which the account was last transferred.	
13	Date and circumstances of loss of Pass Book and result of efforts made to traced it out.	
14	Whether loss was reported to Police and if so with what result. (Not mandatory)	
15	Remarks if any.	

- (i) Particulars given above are true to the best of my/our knowledge and duplicate pass book may please be issued.
- (ii) I/we shall surrender this pass book (in case of duplicate issued in lieu of torn and spoilt one).
- (iii) The prescribed fee of Rs. has been paid through receipt No..... dated..... (Please score out if exemption has been granted).
- (iv)

- Note:-** 1. Submit the self-attested copies of the KYC Documents.
2. In case of Joint Account, signature/KYC of all Joint account holders required.

Signature/Thumb impression of account holder(s)

Particulars as given in the application have been verified with the records.

Signature of SPM/PM with designation stamp.

Part-II

Duplicate pass book may be issued / may not be issued.

Signature of Postmaster with designation stamp

Part-III

Duplicate pass book of Account No. with balance Rs.received on

Date Stamp of PO

Signature/Thumb Impression of account holder(s)

Witness (In case of illiterate depositor(s))

Signature of witness

Name and Full Address of witness.