

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



Post Office		Tran-ID		SOL ID		Date of Maturity	
Account Number				CIF-ID (1)			
CIF-ID (2)				CIF-ID (3)			

Instructions: i. Please tick (✓) the appropriate box, ii) Use CAPITAL LETTERS only while filling in the application form iii) Submit the self-attested copies of the Documents.

To
The Postmaster

.....
.....

Paste photograph
of applicant/s

Paste photograph
of applicant/s

Paste photograph
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 VIIIth Issue)scheme in your Post office in my/our name(s)/in the name of minor or person of unsound mind.

(i) Additional Facilities available (For Post Office Savings Account) (a) Cheque Book required:- , (b) IPPB A/C
(c) Aadhaar Seeding ATM Card Internet Banking Mobile Banking (Prescribed form to be enclosed)
(d) Insurance/Pension products: - PMSBY PMJJBY APY (Prescribed form to be enclosed)

(ii) Account Holder Type: - Self Minor through Guardian Person of unsound mind through guardian.

(iii) Account Type: - Single Either or Survivor (Joint B) All or Survivor(s) (Joint A)

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) in words	Gender (M/F/O)	Name of Guardian, Relationship and 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:-

Particulars	1 st Applicant	2 nd Applicant	3 rd Applicant
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/proof of enrolment of Aadhaar is 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 Mnregs signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address.

Note:- As per PMLA Act-2002, if balance/investment in all accounts are 10 Lakh & above, customer has to submit copy of document showing source of receipt of funds tendered for investment.

Specimen Signatures

1.....1.....1.....
2.....2.....2.....
3.....3.....3.....

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

3. Declarations

General:-(1) I/We hereby undertake to abide by the scheme provisions and Government Savings Promotion Rules, 2018 applicable on the Scheme and amendments issued thereto from time to time.

(Details available at <https://www.indiapost.gov.in/VAS/Pages/RTI/RTI-Manual-5.aspx>)

(2) I/We further declare that I/We/Minor/person of unsound mind is/are Resident citizen of India and undertake to inform the account office of any change in My/our residency/citizenship status in future.

(3) I hereby agree that account will be operated by me till account holder attained age of 18 years and thereafter, account holder will operate the account. (In case of SSA and Minor Account opened through Guardian).

(4) In case services of SAS/MPKBY Agent are taken: -

Name of Agent Authority No..... Date of validity.....

(5) Standing Instruction (i.e. MIS to SB, SB to RD etc.) if any.....

TD :- Extension/Renewal of account required after maturity :-

SSA :- I hereby declare that no other account has been opened under Sukanya Samridhi Account in the name of the depositor in any of the Post office/Bank in the country.

PPF :- (1) I hereby declare that no other account has been opened under Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

(2) I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors as per provision of the scheme and any deposit in excess of the ceiling will be treated as in contravention to the Scheme provisions.

MIS/SCSS :- I/We hereby declare details of my/Our existing accounts* as on today under "National Savings Monthly Income Account/ Senior Citizen Savings Scheme" in any of the Post Office/Bank in the country.

Sl.No.	Name of Scheme (MIS or SCSS)	Date of opening of account	Amount deposited	Customer Identification Number (CIF No.)	Account Number	Name of Post Office/Bank
1						
2						

*If number of accounts is more, details of all accounts should be filled and attached as annexure duly signed.

Please tick (V) the appropriate box

Date:-

Signature or thumb impression of Applicant(s)/Guardian

4. Nomination

I/We.....hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in(Name of Scheme) at the time of my death would be payable.

S.No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominee (optional)	Date of birth of nominee in case of minor nominee	Share of entitlement	Nature of entitlement Trustee or owner
1						
2						
3						
4						

As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I/We appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....

Address.....to

receive the sum due under the said account in the event of my/Our death during the minority of the nominee(s).

(In case, applicant(s) is/are illiterate)

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Place:

Date:

Signature or thumb impression of Applicant(s)/Guardian

FOR USE OF POST OFFICE

I have carefully examined this application and Identification as well as address proof documents submitted. Opening of account is approved.

Account has been opened in the name of.....with Rs.....on..... (Date) underscheme vide A/c No. dated

Nomination registration details:-

Date Stamp	Signature of GDS Branch Post Master	Date Stamp	Signature of Sub/Asst./Head Post Master
	Name Stamp of EDBO		Designation stamp

SB-KYC



**POST OFFICE SAVINGS BANK
NEW/CHANGE KYC (Know Your Customer) Form
(to be sent to respective CPC)**

	Signature	Recent Photograph
Applicant(1) Name:-	(1)	
CIF ID No.	(2)	
Account /Registration No.		
Applicant(2) Name:-	(1)	
CIF ID No.	(2)	
Account /Registration No.		
Applicant(3) Name:-	(1)	
CIF ID No.	(2)	
Account /Registration No.		

Please fill all the information below in case of new account and only relevant information in case of change in KYC.

Name (in Capital letters)			
Flat/House Number		Locality	
Road		Landmark	
Village/Town/City		District	
Pincode		State	
Mobile Number		Email ID	
Aadhar number		PAN Number	

I do hereby submit photo copy of the following documents (self attested) for the proof of:-

Proof of identity (doc.no./date/issuing authority)	
Proof of address (doc.no./date/issuing authority)	

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb impression:- 1st Applicant 2nd Applicant 3rd Applicant
(in case of Joint A/c, all applicants have to sign)

FOR OFFICE USE ONLY

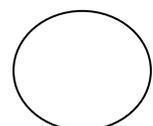
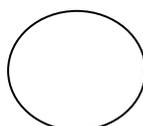
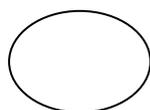
Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

Signature of GDS BPM
Date:-

Signature of SPM

Signature of Postmaster

Date Stamp





SB-ATM1

POST OFFICE SAVINGS BANK
ATM Card/Internet/Mobile/SMS banking service request form

Please fill the application in block letters only

Post Office _____	Date _____ (dd/mm/yyyy)
*CIF ID	* Primary Account ID

1. *Applicant's Name

First Name																				
Middle Name																				
*Last Name																				

2. *ATM Card required for (please tick ✓ the relevant box)

(a) Self		(b) Joint "B" Account Holder		(c) Not Needed	
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3. * Please provide the below details:

Mobile Number		PAN Number	
Email ID			
Date of Birth(DD-MM-YYYY)		Mother's Maiden Name	

4. *Please tick relevant requirement from below options

SI No	Request type	Tick ✓ the relevant option																				
a.	Instant ATM Card																					
b.	New Personalized ATM card (or) Replaced Personalized ATM card Name to be printed on the card (Not exceeding 21 characters including space) <table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					New request
Replacement request																						
c.	Replacement with Instant ATM card																					
d.	ATM card PIN request																					
e.	ATM card hot-listing / closure request (Provide last 4 digits of the card number for closure only)																					
f.	Internet Banking and Mobile Banking																					
g.	Internet Banking																					
h.	SMS Banking																					
i.	Linking of Secondary accounts existing active ATM card (Should be done once primary account card is activated)	Provide SB Account IDs to be linked																				
		1																				
		2																				

Note : For availing Mobile Banking services, Internet Banking is mandatory.

(* marked fields are Mandatory fields)

Declaration

I/We declare that above information is correct. I/We authorize Department of Posts to debit/ recover the charges as applicable from time to time from my/our account for withdrawals using my ATM Card or Internet/Mobile/SMS Banking. I/We undertake to maintain sufficient funds excluding the minimum balance stipulated in my account. I/We will accept full responsibility for transactions done through my/our ATM Card or Internet/Mobile/SMS Banking and agree not to make claims against Department of Posts.

Terms and conditions for Internet/Mobile/SMS banking: I/We have read the provisions contained in the terms and conditions document available in India post internet banking website and I/We agree that transactions executed over India post internet /Mobile /SMS banking using my/our user ID and password will be binding on me/us.

Terms and conditions for ATM card usage: -I/We agree to the terms and conditions printed below.

Terms and Conditions for usage of DOP ATM card

The Terms and Conditions under which the DOP ATM Card has been issued are mentioned below for your guidance.

(a) Terms used here

- DOP refers to Department of Posts.
- Card means DOP ATM Card issued to customer.
- Cardholder means customer who has been issued DOP ATM Card.
- PIN mean a 4-digit number allotted to the card holder.

(b) Card

- The Card is the property of DOP and shall be returned unconditionally and immediately to DOP upon request by DOP.
- DOP reserves the right to cancel the Card and stop its operations unilaterally without assigning any reason.
- The Card is non- transferable.
- PIN/OTP: The Cardholder acknowledges, represents and warrants that the PIN/OTP provides access to the designated account(s) and that the Cardholder accepts the sole responsibility for use, confidentiality and protection of the PIN/OTP, as well as for all mandates and information changes entered in to the account using such PIN/OTP. The Cardholder shall not record the PIN/OTP in any form so as to protect the PIN/OTP from falling into the hands of a third party. The Cardholder grants express authority to DOP for carrying out transactions and instructions authenticated by the PIN/OTP and shall not revoke the same. DOP has no obligation to verify the authenticity of the transaction instruction sent or purported to have been sent from the Cardholder other than by means of verification of the Cardholder's PIN/OTP. The Card, therefore, should remain in Cardholder's possession and should not be handed over to anyone else. The Card is issued on the condition that DOP bears no liability for the unauthorized use of the Card. This responsibility is fully that of the Cardholder. Further DOP will not be responsible for any loss either direct or indirect on account of ATM failure/malfunctioning.

(c) Loss of Card

- The Cardholder should immediately block the Card through the available channels (i.e., through call centre or any DOP Branch)
- The Cardholder is responsible for the security of the Card and shall take all steps towards ensuring the safekeeping thereof. Further, in the event, DOP determines that the aforementioned steps are not complied with, financial liability on the lost or stolen Card would rest with the Cardholder.
- Fresh Card will be issued in replacement of lost/damaged Card.
- DOP has the authority of the Cardholder to debit the designated account of the Cardholder for all withdrawals and payments effected by or purported to be effected by the Cardholder using the Card, as evidenced by the records, which will be conclusive and binding on the Cardholder. The Cardholder expressly authorizes DOP to debit the designated account with service charges (if any) notified by DOP from time to time. Please visit www.indiapost.gov.in for the updated service charges.

(d) Transactions:

- The transactions record generated by an ATM or POS terminal/e-Commerce will be binding on the Cardholder and it will be conclusive unless verified otherwise and corrected by DOP. The verified and corrected amount will be binding on the Cardholder.
- **Closing of Accounts:** The Cardholder wishing to close the designated account and surrender the Card will first have to give application in writing and surrender the Card along with the application.
- **Validity of Card:** The validity of the Card is printed on the face of the Card. The Card is valid through to the last date of the month of expiry.
- **Renewal of Card:** DOP will automatically renew the card, free of cost on it's expiry.
- **Help line :** For more information and help, please call DOP's tollfree number i.e. 1800-425-2440. Toll free numbers are accessible from all landlines and mobile phones in the country.
- **Transaction charges:** The Cardholder's account is liable to be debited with the additional charges for transaction(s) made at ATMs owned by the banks other than DOP beyond the permissible limits. Please visit www.indiapost.gov.in for the updates.

(e) Fees and Charges:

- The annual fee for the Card will be debited to the primary account linked with the Card on application/renewal at DOP's prevailing rate. The fee is non-refundable. The cardholder shall maintain at all times such minimum balance in the designated account, as DOP may stipulate from time to time. DOP reserves the right at any time to charge the cardholder for the issue or reissue of a Card and/or any fee/charges for the transactions carried out by the cardholder on the Card.

(f) Additional Terms

- DOP reserves the right to introduce new facilities or remove existing facilities as and when warranted, without assigning any reasons thereof. DOP may, at its discretion, refuse any application for the Card without assigning any reason. Fee charged (if any) for the use of the Card is non-refundable under any circumstances. DOP has the right to withdraw the privilege attached to the Card and to call upon the Cardholder to surrender the Card through any representative of DOP, without assigning any reason.
- Use of the Card shall be terminated without notice, upon receiving intimation of the death, bankruptcy or insolvency of the Cardholder or on receipt of a letter from any one of the joint account holders changing the operative clause, receipt of an attachment order from a Competent court or revenue authority or from RBI due to violation of FEMA/Exchange Control Regulations, or for other valid reasons or when the whereabouts of the Cardholder become unknown to DOP due to any cause attributable to the Cardholder.
- The ATM service is for withdrawing cash against the balance that is already available in your account. It is therefore the Cardholder's obligation to maintain sufficient balance in the designated account to meet cash withdrawals and service charges. DOP at its absolute discretion may amend the Terms and Conditions governing ATM services.

Date:-

Signature of the applicant

For Office Use only

Certified that the customer submitted the application in person across the counter and KYC documents, signature and photograph of the customer are duly verified and updated at CIF level. Please collect fresh KYC and get it uploaded, if photograph and signature are not available in CBS.

SOL ID

Type of Request	Type of service	Maker User ID	Checker User ID
ATM related services			
Internet/Mob/SMS Banking			

Date Stamp of Post Office

Signature of Chief/Sr./Head/Sub Postmaster

SB-7

WITHDRAWAL FORM

Application Side(To be filled by depositor)

Name of the Post Office.....

Date	DD	MM	YY	YY	YY
------	----	----	----	----	----

Type of Account : SB TD MIS SCSS NSS, Others.....

Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NATURE OF PAYMENT :- Interest Withdrawal

Please pay to me / messenger (whose name and signatures are given below) the sum of ₹.....(In figures) ₹(In words).

Balance after withdrawal ₹------(in figures)

Signature or thumb impression of account holder(s)/guardian

Name of Messenger

Signature of Messenger

Signature of account holder(s)
(Required only if payment is required through messenger)

Note:- Aadhaar Seeding required for availing DBT benefits in POSB A/C
(enclosed prescribed form)

Initial of PA Initial of APM/SPM

Note:- Please submit passbook along with this form.

PAYMENT ORDER(For office use only)

Date

DD	MM	YY	YY	YY	YY
----	----	----	----	----	----

Transaction ID

Pay ₹.....(In figures) Rupees
.....(in words)

✍

Date Stamp **Signature of Postmaster**

ACQUITTANCE (to be filled by depositor/messenger)

Received ₹.....(In figures) Rupees
..... (in words).

✍

Date:- **Signature or thumb impression of account holder /guardian /messenger**

Mobile No. PAN No.(if applicable)

Attested By _____(Name & Address)
(Attestation is applicable in case of thumb impression)



APPLICATION SIDE (To be filled by depositor)

Name of the Post Office..... Date DD MM YY YY

Type of Account: RD TD MIS SCSS PPF SSA KVP, Others.....

Account No. [Grid]

To The Postmaster.....Post Office

(1) I/we wish to prematurely close my/our Account No. having balance of ₹ (₹ Only) and request you to pay the amount after deduction of applicable penalty/any other dues (if applicable any), as per details given below:-

(2) Please Credit the amount to my SB Account no. standing at (Name of Account office).

OR Please issue account payee cheque.

OR Please pay in cash (applicable if the amount is below permissible limit)

(3) I/We hereby declare that the provisions under which the account can be closed before maturity under (Name of Scheme) have been complied with. Necessary documents as applicable are attached as under:-

*Certified, that the amount sought to be withdrawn is required for the use of who is alive and still a Minor/unsound mind.

[Signature box]

Signature or thumb impression of account holder(s)/guardian

Attested By.....(Name & Address) (Applicable in case of thumb impression)

Initial of Postal Assistant

Initial of Postmaster



PAYMENT ORDER(For office use only)

Date DD MM YY YY

Transaction ID -----

Payment Details

Principal:- ₹.....

Interest due(+):- ₹.....

Recovery of Interest overpaid (-):- ₹.....

Deduction of penal interest and others (if any) (-):-.....

Total amount to be paid ₹.....(In figures)

₹.....(in words)

[Signature box]

Signature of Postmaster

Date Stamp

ACQUITTANCE (to be filled by depositor)

Received ₹.....(In figures) ₹.....

.....(in words) by Cash or Cheque No..... dated

or Please credit into my Savings Account No.....

[Signature box]

Signature or thumb impression of account holder(s)/guardian

Mobile No.

Attested By.....(Name & Address)

Date DD MM YY YY (Applicable in case of thumb impression)

SB-7C

APPLICATION FOR LOAN/WITHDRAWAL FROM RD/PPF AND SSA ACCOUNTS



Application Side (To be filled by depositor)

Name of the Post Office..... Date DD MM YY

Type of Account (tick the required category) : RD PPF SSA

Account No. [grid]

I.....account holder(s)/guardian hareby apply for loan/Withdrawal from my account mentioned above for ₹.....in figures) Rs.....(in words).

* Certified, that the amount sought to be withdrawn to be availed is required for the use ofwho is alive and still a minor or of unsound mind.

2. Please Credit the amount of Loan/ withdrawal to my SB Account No.....standing at (Name of Post Office)

OR Please issue a Account payee Cheque

OR Please pay in Cash (Applicable for below ₹ 20000)

3. I Certify that all the conditions applicable under scheme for grant of Loan/ withdrawal have been complied with.

Necessary documents as applicable are attached as under:-

- 1 [signature box]
2 [signature box]

Signature or thumb impression of account holder(s)/ guardian

Initial of Postal Assistant

Initial of Postmaster

Attested By.....(Name & Address)

(Attestation is applicable in case of thumb impression)



PAYMENT ORDER (For office use only)

Date DD MM YY

Transaction ID

Amount available in Account Rs.....

Date of Initial Subscription

Date on which last Loan/withdrawal was allowed

Total Amount granted for Loan/withdrawal for ₹.....(In figures)

Rupees(in words)



Date Stamp



Signature of Postmaster

ACQUITTANCE (to be filled by depositor)

Received ₹.....(In figures) Rupees

..... (in words) by Cash / Cheque

No..... dated/ by transfer to Account

No.....

Date:-



Signature or thumb impression of account holder/guardian

Mobile No.

PAN No.....

Attested By.....(Name & Address)

(Attestation is applicable in case of thumb impression)

Department of Posts

APPLICATION FOR AVAILING CHEQUE FACILITY/ISSUE FRESH CHEQUE BOOK IN POST OFFICE SAVINGS ACCOUNT

To,
The Postmaster
..... (Post Office)

(1) *(a) Please permit me/us to avail of the cheque facility in my savings account.
(b) Issue fresh cheque book for my/our PO Savings Account No.
standing open at your office with a balance of Rs. My Mobile No. is
.....

2. I/we hereby declare that I/we have read the conditions governing the facility of cheque system in the Post Office Savings Bank Accounts as laid down in relevant rule of Post Office Savings Account Rules 2019 and Appendix-II of POSB (CBS) Manual and that I/we accept all the aforesaid conditions, and such amendments thereto as may be issued from time to time, as binding upon me/us.

*3. The applicable charges (if any) Rs.....has been deposited vide receipt no.
..... dated

*4. Please send cheque book to me by registered post at the following address and deduct charges for registered post from my Savings Account :-

**5. I/we hereby submit my/our updated Identity and Address proof documents and photograph.

Date: - Signature(s) of the Depositor(s)
*strike out, if not applicable. Name of depositor(s)
** If ID, Address Proof and photograph already updated, then there is no need for fresh documents.

TO BE FILLED IN BY POST OFFICE

Certified that, Mobile number and KYC document of depositor(s) is/are updated in Finacle Application.

Cheque Book to Account No. containingCheques with

Cheque Nos.....to issued on

Initials of Counter Assistant

Signature of Postmaster

ACKNOWLEDGEMENT OF DEPOSITOR(S) FOR CHEQUE BOOK

I/we hereby acknowledge receipt of the Cheque Book containing cheques No. to
..... which I/we have counted and found correct and in proper serial order.

Date: - Signature of Depositor(s)
or

Cheque Book has been dispatched by Registered letter no. dated

Date:- Signature of Postmaster

Department of Posts

Application for availing the facility of automatic transfer (Standing Instructions)

To,

The Postmaster

..... Post Office

Sir

I/We hereby request that :-

*(a) A sum of (total of below mentioned amount) Rs may be debited every month from my PO Savings Account No. and credit in to my/our below mentioned RD account(s) standing in my/our name(s)/the name of my spouse/dependant child.

Sl.No.	RD Account no.	Name of depositor(s)	Denomination Amount	Credit till date.

* (b) My/our monthly/Quarterly/Yearly interest from under mentioned MIS/SCSS/TD interest may be credited in my/our PO Savings Account No.

Sl.No.	MIS/SCSS/TD Account no.	Name of depositor(s)	Interest Amount

I/We hereby declare that the conditions subject to which the facility of automatic transfer is permissible have been read by me/us and I/We accept all the said conditions mentioned in POSB(CBS) Manual/POSB Manual Volume I and all such amendments thereto as may be issued from time to time as binding upon me/us. The passbooks of Savings and RD/MIS/SCSS/TD accounts concerned are enclosed.

* strike out if not applicable

Date

Signature(s) of Depositor(s)

SB-EXT1



Application for extension of RD/TD/PPF/SCSS Account

To,

The Postmaster

.....

Sir,

1. I/We _____ is/are depositor of
Account Number _____ under (Recurring
Deposit/National Savings Time Deposit Scheme for 1/2/3/5 years/ Public
Provident Fund/ Sr. Citizen Savings Scheme) in your office. The said account was
opened on _____ and has/will mature on _____ for payment.

2. I/We hereby request for extension of the account for a further period of _____
year(s) in case of RD and TD/Block period of 5 years in case of PPF/Block period of 3
years in case of SCSS, as per applicable scheme provisions from the date of
maturity of the above said account.

3. I/We have understood the terms and conditions applicable to the account during
the period of extension under the said scheme as amended from time to time and
shall abide by them.

4. I/We hereby declare that I/We, and the minor(in case of minor account)
continues to be Resident Citizen of India at the time of commencement of the
extension period.

Place:

Date:

Signature of the account holder(s)/guardian
(Name and address)

For the use of Post Office

The account no. which was opened on with Rs.
.....(Rupees) under (Name
of scheme) and matured on, has been extended for a period of
..... years with effect from to under scheme
provisions.

Necessary entries have been made in the records and pass book/deposit receipt/
statement of account.

Place:

Date:

Signature of Postmaster

Seal

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.

FORM -5
(See Rule 13 of Government Savings Promotion Rules, 2018)
Application for transfer of account under National Savings Scheme

To,
The Postmaster/Manager

.....
.....

Sir,

I/we request that my/our Account Number _____ under _____ (Name of the Scheme) with deposit/credit balance of Rupees _____ (in words) _____ standing on the books of the _____ (Name of Account office) may be transferred to the books of the _____ (Name of Account office).

2. The Passbook/deposit receipt/statement of account in original is attached.

Three specimen signatures are given below:-

Dated:

Signature of Depositor/s

Specimen Signature

Name and address of the Depositor/s

1

2

3

Countersigned by Postmaster/Manager

Acknowledgement

Received application for transfer of(Name of scheme) Account No..... in the name ofstanding on books of the (Name of Account office) with balance of Rs.....(Rupees..... only). The particulars/ entries in the Passbook/deposit receipt/statement of account have been checked and the same is returned to the account holder/s.

Seal

Date

Postmaster/Manager Signature

Stamp

Name of Account office

FORM -7
(See Rule16 of Government Savings Promotion Rules, 2018)
Application for pledging of account under National Small Savings Scheme

To
The Postmaster/Manager

.....

Sir,

1. I/We am/are required to deposit an amount of Rs. as security with (official designation of the gazetted officer of the Government or name of the Reserve Bank of India or a Scheduled Bank, Cooperative Bank, Registered Cooperative Society, Corporation, A Government Company or Local Authority). I/We therefore request you to transfer the deposit in Account Number _____ under _____ (Name of scheme) as security in favour of (Official Designation of the Officer or name of the Branch etc to whom the Account is being pledged as security.)

2. I/We agree that the account(s) can be encashed by the pledgee when the security has been forfeited. Nomination vide registration number.....in the account stands cancelled.

Particulars of Account

Account number	Date	Name of Account office	Amount

The authority mentioned above has agreed to accept the pledge. A pledge acceptance duly signed by the competent authority as pledgee is attached.

Dated :

Signature of Depositor

Address

For office use only

Account number _____ has been pledged vide registration no.....dated..... and necessary entries have been marked in the record. Passbook/deposit receipt/statement of account has also been marked with pledge and returned to the account holder.

Signature of Post Master/Manager

Seal

FORM -12

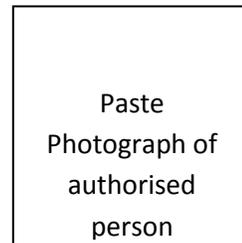
(See Rule 11 of Government Savings Promotion Rules, 2018)

Letter of authority to open or operate an account under National Savings Schemes on behalf of depositor suffering from physical infirmity including blindness

To
The Postmaster/Manager
.....

Sir
I/we _____ depositor of account
number _____ under _____ (Name of
scheme) _____ hereby
authorise Sh./Smt./Ms. _____ w/o, s/o, d/o _____
_in whom I confide and whose photograph and signature are attested below to
operate the said account for the following purposes.

- 1.
- 2.
- 3.
- 4.



Specimen signature of authorised person
1.
2.
3.

Signature of Witness

Signature or thumb impression of Depositors

(Thumb impression should be attested by a person known to the PostOffice).

Name & Address:
Date

FORM -10
(See Rule14 of Government Savings Promotion Rules, 2018)

Application for cancellation and variation of nomination in an account under National Savings Scheme

Name of the Post Office/Bank..... Account No.....
Name of the scheme_____

To
The Postmaster/Manager
.....
.....

1. I/We being the depositor(s)/guardian of _____(Name of the minor/person of unsound mind) hereby nominate the person(s) named below, to be recipient(s) of the amount standing at the credit of the above mentioned account in the event of death of my/our/minor's/person of unsound mind, before closure of the said account.

S.No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhar Number of nominee/s	Date of birth of nominee in case of minor	Share of entitlement	Nature of entitlement Trustee or owner

2. As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....
.....Address.....
.....to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

The above nomination will have the effect marked below

This nomination supersedes the previous nomination made in respect of the said account with registration number _____ date _____.

OR

No nomination has been previously made in respect of the said account.

The passbook/deposit receipt/statement of account is enclosed

Signature or thumb impression of depositor(s)

(Thumb impression should be attested by a person known to the Post Office)

Witnesses

1. Name

2. Name

Address Address

Signature

Signature

For office use only

Nomination registered at Serial Number _____.

Date **Signature and Seal of Postmaster/Manager**



Form-11

(See Rule 15 of Government Savings Promotion Rules, 2018)

Application for settlement of an account of the deceased depositor by nominee or legal heirs under National (Small) Savings Scheme

To
The Postmaster
.....

1. I/we _____ the nominee(s)/ legal heirs of late _____, the depositor to Account no./Savings certificate(s) _____ under _____ (Name of scheme),

apply for withdrawal of entire amount/transfer of the account/certificate(s) in my/our name standing to the credit of the deceased in the said account. In support of the claim, I hereby submit the following documents:-

- (i) Death certificate of depositor/s.
- (ii) Death certificate of Sh./Smt....., also the nominee(s) appointed by the depositor(s). (***)
- (iii) Succession certificate//letters of administration with attested copy of probated will of the deceased depositor issued by _____ competent court. (**)
- (iv) Letter of Indemnity (*)
- (v) Affidavit (*)
- (vi) Letter of disclaimer on affidavit (*)
- (vii) Pass book/deposit receipt/statement of account

Signature/thumb impression of Claimant/s
(Thumb impression should be attested by a person known to the Post office)

Address _____
Mobile No. _____

(Self Attested copy of ID and Address proof of claimant (s) must be attached)

Witness (1).....(Signature)
Name &
Address.....

Mobile Number.....
(Self Attested copy of ID and Address proof must be attached)

Witness (2).....(Signature)
Name &
Address.....
Mobile Number.....

(Self Attested copy of ID and Address proof must be attached)

Witnesses accepted

Signature of Sr. PM/PM/SPM/GDS BPM

Date

- (*) To be produced by legal heirs, in the absence of nomination for claims upto Rs.5 lakh.
- (**) Strike off if there is a valid nomination.
- (***) Strike off if not applicable

For office use only

Claim has been sanctioned by competent authority vide Sanction Memo No. _____
_____ dated _____ (copy attached).

(to be filled if claim is sanctioned by any administrative authority)

Withdrawal of Rs. _____ (Rupees _____ only)
or transfer of account/certificate(s) in the name of claimant(s) is sanctioned.

Signature of Postmaster

Date

Acquittance

(to be filled by claimant/s)

Received Rs . _____ (In figures) _____

_____ (in words) By cheque bearing no _____

Dated _____ /by transfer to PO Savings Account No. _____ or Bank Account

No _____ (IFSC code) in full settlement of my/our claim.

OR

(In case of RD/TD/Savings Certificates)

Please transfer the account/Certificate(s) in my/our name for which Account Opening Form (AOF) alongwith Annexure-II (KYC Form) and KYC documents are submitted.

Signature/thumb impression of claimant/s

(Thumb impression should be attested by a person known to the Post office)

FORM -13
(See Rule15 of Government Savings Promotion Rules, 2018)
Affidavit

To,

The Postmaster

.....
.....

Sir,

1. I/We.....
.....husband of/wife of/son of/daughter of
late.....(deceased depositor) resident
of..... do hereby declare and solemnly
affirm as under:-

(1) That I/we am/are the only heir(s) of late..... (deceased
depositor) who died at.....on..... I/We alone
represent the estate of late(deceased
depositor).

(2) That late..... (deceased depositor) did not leave
any will and therefore I/we am/are the only successor(s) to the estate of the said
deceased depositor/s.

1.(Signature)
- 2.
- 3.
- 4.

Deponents

Verification: I/we, the above named deponents do hereby verify on solemn affirmation
in.....(Name of Place) that the contents of this affidavit are true to
my/our knowledge and nothing material has been concealed.

Dated:-

1.(Signature)
- 2.
- 3.
- 4.

Deponents

Attested

Oath Commissioner/Notary Public

FORM -14

(See Rule15 of Government Savings Promotion Rules, 2018)

Letter of disclaimer

To,
The Postmaster

.....
.....

Sir,

1. I/We.....
.....husband of/wife of/son
of/daughter of late.....(deceased
depositor) resident of..... do
hereby declare and solemnly affirm as under:-

(1) That late(deceased
depositor) died intestate on..... Leaving behind us as
his/her only heirs.

(2) That I/we.....heirs of
late.....(deceased depositor) for ourselves and on behalf
of our heirs, executors, representatives and assigns do hereby relinquish our
claims to the balance of Rs..... payable to the heirs of
late.....(the deceased) which may be credited
to the account sought by Mr./Ms.....(claimant).
our(mention relation). We have no objection
whatsoever in the balance in the above referred account
No.....together with interest, if any, accrued thereon
being paid by the Post Office to said
Mr./Ms.....(claimant)

- 1.
- 2.
- 3.

Deponents

Verification: I/we, the above named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to my/our knowledge and nothing material has been concealed.

Dated:-

Deponents

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence.

Dated:-

Attested
Oath Commissioner/Notary Public

FORM -15
(See Rule15 of Government Savings Promotion Rules, 2018)

Letter of indemnity

To,
The Postmaster

.....
.....

Sir,

1. In consideration of your paying or agreeing to pay me/us.....
....(Name of legal heirs) the sum of Rs.....standing in.....(Name of scheme) account No.....with your.....(name of Accounts office) in the name of.....without production of letters of administration or succession certificate to the estate of the deceased.....(name of the subscriber) or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due,

2.I/We.....
and we.....(sureties) do hereby for ourselves and our heirs, legal representatives, executors and administrators jointly and severally undertake and agree to indemnify you and your successors and assigns against all claims, demand, proceedings, losses damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of having agreed to pay/or paying me/us the sum as aforesaid.

3. In witness whereof we have hereunto set my/our hand at.....on this..... day of.....in the presence of witnesses.

Signed and delivered by the above named heir/heirs of the deceased.

Signed and delivered by the above named sureties

- 1.
- 2.

Signature, names and addresses of witnesses:

- 1.
- 2.

Attested
Notary Public

SB 101

CLAIM UNDER THE SCHEME OF PROTECTED SAVINGS

To

The Postmaster
.....

Sir

In connection with the settlement of the claim in respect of the 5 year Post Office Recurring Deposit Account particularized below, I/We the undersigned hereby claim the full maturity value under the Scheme of Protected Savings.

- i Name of Depositor in full (in block letters)
- ii Name of Depositor's father/husband
- iii Last address of Depositor
- iv Date of death of Depositor
- v Place of death of Depositor
- vi Declared age/date of birth of depositor
at the time of opening of account
- vii Date of opening of Account
- viii RD Account No.
- ix Denomination Rs.
- x Post Office
- xi Head Post Office
- xii Date of Claim
- xiii Particular's of claimant(s)

Sl No	Name and address of claimant	Relationship with depositor
1		
2		

xiv Particulars of Near Relatives of Depositor

Sl No	Name and Address	Age	Relationship with depositor

To my/our knowledge, the deceased has the following other Recurring Deposit Accounts in the Post Office on which I/we shall not claim the benefit under the Scheme of Protected Savings but shall claim only the proportionate amount payable under the RD rules.

Sl	Account No	Head Post Office	Date of Opening	Denomination	Name of Nominee

In support of the claim, I/We submit the Death Certificate in respect of the Depositor issued by

I/We am/are nominee(s) of the deceased depositor as per nomination registered in your records.

I/We certify that I/We have not made any claim in respect of any other RD account standing in the name of the deceased depositor under the Scheme of Protected Savings nor shall we do so in future.

Yours faithfully

Address of claimants
(i)

Signature
Name

Address of claimants
(ii)

Signature
Name

CERTIFICATE BY TWO WITNESSES

We hereby certify that claimant(s) who has/have signed in our presence is/are known to us and the particulars furnished above by him/them are correct.

Dated

1 Signature
 Name
 Address

Dated

2 Signature
 Name
 Address

ORDERS BY THE POSTMASTER

APPLICATION FOR TRANSFER OF POST OFFICE CERTIFICATES
FROM ONE POST OFFICE TO ANOTHER

Sl. No and date of original application for purchase of the Certificate

Oblong MO Stamp of Transferee Office

To

The Postmaster

.....

I/We request that the undermentioned certificate(s) in my/our Name/the name of minor (Name) which is/are registered in the books of your office may be transferred to the books of the Post Office

PARTICULARS OF THE CERTIFICATE

No. & Type	Date of issue	Denomination	If purchased on behalf of minor		Sl No.of identity slip issued	Date of discharge and initials of the Postmaster	Every change effecting a certificate such as transfer spoilt, issue of duplicate certificates etc should be noted hereunder the dated initials of the Postmaster
			Date of birth	Name of guardian authorised to encash			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature

Signature of the Nominee mentioned in Column 4 attested

(not thumb impression of nominee
(if any) per column 4 above)

Signature (with date) of the Postmaster of the transferring office

**PARTICULARS OF NOMINATION UNDER SECTION 6(1) OF GOVERNMENT SAVINGS
CERTIFICATE ACT 1959, AS RECORDED IN THE APPLICATION FOR PURCHASE**

Sl	Name of the Nominee	Full Address	Date of birth of nominee if minor	Name of nominee with full address in case of death of minor mentioned in Column (2)	Signature of the Postmaster of the office of registration attesting the particulars in column 1 to 5
(1)	(2)	(3)	(4)	(5)	(6)

Address :

.....

Signature (or thumb impression, if illiterate) of
 holder/applicant (in case of illiterate applicant's father's
 name is to be mentioned)

TRANSFER OF CERTIFICATES

NC 34

ANNEXURE – 2
[See para 41(1)]

DEPARTMENT OF POSTS

APPLICATION OF TRANSFER OF SAVINGS CERTIFICATES FROM ONE PERSON TO ANOTHER (EXCEPT AS PLEDGE)

[A separate application is required for each series of certificate]

To

Postmaster
.....

Sir

I/We (name in block capitals of person/institution etc) request you to transfer the under mentioned Savings Certificate(s)*/Duplicate Certificate(s)* held in my our* name(s) in the name of the minor (*) Shri/Kumari to under the Rules governing the Certificates.

- * Delete whichever is not applicable
- * I/we certify that the minor is alive and the transfer is in his/her interest
- * Strike out if the Certificate is not in the name of the minor
- * Circumstances in which transfer is sought
-
-
- * Only if applied within one year from the date of issue

2 Particulars of Savings Certificates/Duplicate Certificates

Series and Sl No. of certificates	Denomination	Date of Issue
(1)	(2)	(3)

3 Fee of Rs..... is paid herewith

Date

Yours faithfully

Address
.....
.....

Signature of transferor(s) for certificate(s) held by a minor to be signed by the parent/guardian

TRANSFER OF CERTIFICATES

DECLARATION BY TRANSFEREE(S)

1 I/We hereby agree to the transfer of above mentioned certificate(s) in my/our name(s) and to abide by the Rules governing these certificates as amended from time to time.

Date :

Signature or thumb impression (if illiterate) of transferee of certificate(s)

REVERSE FOR USE IN THE POST OFFICE

[Empty box for registration number]

Registration No.

Sl No. & Date of original Application for purchase

Oblong MO stamp of HO/SO

[Empty box for Sl No. & Date of original Application for purchase]

[Empty box for Oblong MO stamp of HO/SO]

Sub Office Postmaster

Head Office Postmaster

PARTICULARS OF CERTIFICATES ISSUED TO TRANSFEREE

Series and Sl No of certificates	Denomination	Date of payment of interest and initials of Postmaster	Date of discharge and initials of Postmaster	Remarks – every change affecting the certificate such as transfer, issue of duplicate certificate should be noted here under the signature of Postmaster
(1)	(2)	(3)	(4)	(5)

Total Number of certificates

Date :

Signature of the Postmaster of office of registration