India Post
Payments Bank

Form A-4

Communication Address for Primary Applicant (Aadhaar Based)

(For Resident Savings Single / Joint Account)

Application Date ☐☐/☐☐/☐☐☐☐

Fields marked with '*' are mandatory fields

FULL NAME (Please leave one space between First, Middle and Last name)

Applicant Name* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

COMMUNICATION ADDRESS

Line 1* ☐☐

Line 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **City / Town / Village*** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

District* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State*** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **PIN Code*** ☐☐☐☐☐☐

Tel (Res) ☐☐☐☐-☐☐☐☐☐☐☐☐ **Email ID** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐ I hereby declare that the address furnished above is true and correct to the best o f my knowledge and belief, and the bank may send all communication and correspondence on the above furnished address. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature or Thumb Impression of the Applicant

Name _____

Date ☐☐/☐☐/☐☐☐☐

FOR BANK USE ONLY

CIF ID ☐☐☐☐☐☐☐☐☐☐

Primary Applicant Name _____ **Account No.** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of the Bank Authorized Official _____ Official ID _____

Signature of the Bank Authorized Official _____ Date ☐☐/☐☐/☐☐☐☐

*Above fields are Mandatory