

**FORM F**  
(See sub-rules (3) and (4) of Rule 8)

Serial No.....

**APPLICATION FOR CLOSURE OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004 BY SPOUSE  
(JOINT HOLDER)/NOMINEE(S)/LEGAL HEIRS**

To

The Postmaster/Incharge

..... (name of the Deposit Office)

.....

Sub : Application for withdrawal/closure of account

Sir

I/We \* ..... the spouse (Joint holder/nominee(s)/legal heirs of late ....., the depositor to the Senior Citizen's Savings Scheme, 2004 account No..... wish to withdraw the entire amount standing to the credit of the deceased in the said account.

Please find enclosed :-

- (i) A certificate in regard to the death of the Depositor
- (ii)\* A certificate in regard to the death of Sri/Smt .....  
Sri/Smt ..... also the nominee(s) appointed by the Depositor
- (iii)\*\* Succession Certificate/Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.
- (iv) Pass Book of the Depositor
- (v) # Letter of Indemnity
- (vi) # Affidavit
- (vii) # Letter of disclaimer on affidavit

Signature or thumb impression of claimant(s)

Witness ..... (Signature, name and address)

Date .....

Place .....

FOR USE BY THE DEPOSIT OFFICE

Withdrawal of Rs..... (Rupees ..... ) is sanctioned

Adjustments made (to be specified) Rs....., (Rupees.....)

Net amount payable Rs..... (Rupees .....)

**RECEIPT TO BE SIGNED BY THE CLAIMANT(S)**

Received a sum of Rs..... (Rupees .....) from  
..... (name of deposit office) as per details above in full settlement of our  
claim

Signature or thumb impression of claimant(s)

- \* Delete whichever is not applicable
- \* Strike off if there is a valid nomination
- \*\* To be produced by legal heirs, in the absence of nomination(s) for claims upto Rs.1 lakh

**ANNEXURE I TO FORM F**  
(Letter of indemnity)

To

The Postmaster/Incharge  
..... (name of the Deposit Office)  
.....

In consideration of your payment or agreeing to pay me/us .....  
.....  
(Name(s) of Legal heir(s) the sum of Rs. .... (Rupees ..... ) standing  
in the account no..... under **SENIOR CITIZENS SAVINGS SCHEME, 2004** with your office  
in the name of ..... without production of letters of  
administration or a succession certificate to the estate of the deceased .....  
..... (name of the depositor), 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, demands, 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.

In witness whereof we have hereunto set my/our hands at 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 (Signature, names and address)

1

2

Signature, names and address of witnesses

1

2

ATTESTED

NOTARY PUBLIC

**ANNEXURE II TO FORM F**  
(Affidavit)

To

The Postmaster/Incharge  
..... (Name of the Deposit Office)

I/We ..... husband of/wife of late ..... aged  
..... aged ..... aged ..... sons/daughters of the said late  
..... resident of ..... do hereby declare and  
solemnly affirm as under:-

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

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

1

2

3

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 the best of my/our  
knowledge and nothing material has been concealed.

Dated .....

1

2

3

ATTESTED

DEPONENTS

OATH COMMISSIONER

**ANNEXURE III TO FORM F**  
(Letter of disclaimer on Affidavit)

To

The Postmaster/Incharge  
..... (name of the Deposit Office)  
.....

I/We (i) ..... Husband of/wife of ..... Resident of  
.....(ii) ..... son/daughter  
of ..... (iii) ..... son/daughter of  
..... do hereby declare and solemnly affirm as follows :-

(1) That Sri/Smt ..... died intestate on ..... leaving behind us  
..... his/her only heirs.

(2) That we ..... Heirs of our late father/mother ourselves and on behalf of our heirs,  
executors, representatives and assigns to hereby relinquish our claims to the balance of Rs..... which may be  
credited to the account sought by our mother/father to be opened in the deposit office in the name of the estate of the said  
..... deceased father/mother after the realization of Draft  
No..... on ..... issued by .....  
..... (name of the deposit office) and have no objection whatsoever in the  
balance in the above referred account no..... together with interest if any, accrued thereon being paid by the Deposit  
office to our mother/father Mrs/Mr .....

- 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 the best of my/our knowledge and nothing material has been concealed.

Dated .....

- 1
- 2
- 3

DEPONENTS

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

Dated .....  
OATH COMMISSIONER

**FORM G**  
(See rule 11)

Serial No.....

To

The Postmaster/Incharge  
..... (name of the Deposit Office)

Sir,

Sub : Application for Transfer of account to another Deposit office

I ..... son/daughter/wife of ..... resident of ..... depositor of account no..... hereby apply for TRANSFER OF MY ACCOUNT No..... with deposit of Rs..... (Rupees ..... under the Senior Citizen's Savings Scheme, 2004 to ..... (name and full address of the transferee deposit office)

The Passbook is enclosed

Signature or thumb impression of the Depositor

Witness ..... \*  
(Signature, name and address).....

My specimen signature/thumb impressions, as available in the record of transferer deposit office are as below :-

1 1<sup>st</sup> Depositor

1 <input style="width: 100%; height: 40px;" type="text"/>	2 <input style="width: 100%; height: 40px;" type="text"/>	3 <input style="width: 100%; height: 40px;" type="text"/>
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\* Witness ..... \* Witness ..... \* Witness .....

2 Joint Depositor

1 <input style="width: 100%; height: 40px;" type="text"/>	2 <input style="width: 100%; height: 40px;" type="text"/>	3 <input style="width: 100%; height: 40px;" type="text"/>
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Countersigned Postmaster/  
Incharge of Transferer Office  
Date ..... & office seal

Countersigned Postmaster/  
Incharge of Transferer Office  
Date ..... & office seal

Counter Postmaster/  
Incharge of Transferer Office  
Date ..... & office seal

Forwarded to ..... (Transferee Deposit Office) and necessary entries passed in the office records.

Signature & Office Seal (Transferer Deposit Office)  
Date .....

FOR USE BY THE TRANSFEREE DEPOSIT OFFICE

- A Received application for transfer of account no..... opened on ..... under SENIOR CITIZENS SAVINGS SCHEME, 2004 in the name of ..... and ..... (joint holder, if any) standing on the books of the ..... (name and address of the transferer deposit office) showing deposit of Rs..... (Rupees .....) due to mature on .....
- B The entries in the passbook have been checked, necessary entries indicating transfer, have been made and passbook has been returned to the depositor.

Passbook received in original  
.....

Signature of Postmaster/Incharge  
(with office seal) Transferee Deposit

# (Signature/thumb impression of the depositor)  
Date .....

Date .....

\* In case of thumb impression

# to be signed on receipt of the passbook at the transferee deposit office