FORM OF APPLICATION FOR CANCELLATION OR VARIATION OF
NOMINATION PREVIOUSLY MADE IN RESPECT OF SAVINGS
CERTIFICATES UNDER SECTION 6 OF THE GOVERNMENT SAVINGS
CERTIFICATES ACT 1959

(This form will be filled in by the holder(s) and submitted with the certificates to
the Postmaster of the office where the certificates stand registered)

To

The Postmaster

…………………………

Under provisions of Section 6(1) of the Government Savings Certificates Act, 1959, I/We …………………………………………… the holder(s) of savings
certificates detailed below hereby cancel the nomination previously made by me/us in
respect of these certificates and registered in your office under No……..dated …………..

* In place of the cancelled nomination, I/We hereby nominate the person/s
mentioned below, who shall, on my/our death, become entitled to the savings certificates
and be paid the sum due thereon to the exclusion of all other persons.

<table>
<thead>
<tr>
<th>Sl</th>
<th>Name of the nominee(s)</th>
<th>Full Address</th>
<th>Date of birth of nominee in case of minor</th>
</tr>
</thead>
<tbody>
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</table>

* To be filled in case of variation only.

2 As the nominee(s) at the serial number (s) …………………….. above is/are
minor(s). I/We appoint Shri/Smt/Kumari ………………………….. (name and full
address) as the person to receive the sum due thereon in the event of my/our death during
the minority of the nominee(s).
3 The certificates detailed below are enclosed:-

<table>
<thead>
<tr>
<th>Serial No. of certificates</th>
<th>Denomination</th>
<th>Date of issue</th>
<th>Office of issue</th>
</tr>
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<tbody>
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</table>

Address

Yours faithfully

........................................

........................................

........................................

Signature (or thumb impression, if Illiterate) of holder(s)

(in case of illiterate holder, father’s name should be given)

Witnesses

Name
Address (1)

Name
Address (2)

NB: In the case of illiterate holders, the witnesses shall be persons whose signature are known to the Post Office.

Order of the Postmaster accepting the nomination

Date Stamp of Post Office
Signature of Head/Sub Postmaster