

FORM G

[See sub paragraph (6) of paragraph 12]

Application for withdrawal by Nominees/Legal Heirs under the Public Provident Fund Scheme, 1968

To

The Agent/Manager/Postmaster

..... (Name of the Bank/Head Post Office)

I/We the nominee(s)/legal heir(s) of late the subscriber to Public Provident Fund Account No..... wish to withdraw the entire amount sanding to the credit of the deceased in the said account.

Please find enclosed

- (i) A certificate in regard to the death of subscriber
- * (ii) Certificate in regard to the death of Sri..... and Sri also the nominee(s) appointed by the subscriber
- ** (iii) Succession Certificate/Letters of Administration with attested copy of probated will of the deceased issued by High Court
- (iv) Passbook of the subscriber
- @ (v) Letter of indemnity
- @ (vi) Affidavit
- @ (vii) Letter of disclaimer on affidavit

Place
Date

Signature(s)/Thumb impression of Claimant

TO BE USED BY THE ACCOUNTS OFFICE

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

Date

Signature of Accounts Officer

RECEIPT TO BE SIGNED BY THE CLAIMANT(S)

Received the sum of Rs..... (Rupees from the State Bank of in full settlement of our claim.

Place
Date

Signature(s)/Thumb impression of Claimant

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

ANNEXURE I TO FORM G
(Letter of Indemnity)

To

The Manager/Postmaster

.....

..... (Name of the Bank/Head Post Office)

In consideration of your paying or agreeing to pay me/us

.....
(Names of Legal heirs) the sum of Rs..... standing in Public Provident Fund
Account No..... with your Bank in the name of Without
production of letters of administration or a 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, 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 your hands 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

Names and addresses of witnesses

1

2

Attested

Notary Public

ANNEXURE II TO FORM G
(Affidavit)

To

The Manager/Postmaster

.....

..... (Name of the Bank/Head Post Office)

I/We Husband/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 am/are the only successor(s) to the estate of the said deceased

1

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 our knowledge and nothing material has
been concealed.

Dated : 1

2

3

4

Attested
Oath Commissioner

DEPONENTS

ANNEXURE III TO FORM G
(Letter of disclaimer on Affidavit)

To

The Manager/Postmaster

.....
..... (Name of the Bank/Head Post Office)

I/We Husband/Wife of
..... residents of

(ii) son/daughter of

(iii) son/daughter of do

hereby solemnly affirm as follows :-

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

(2) That we heirs of our late father/mother for ourselves and on behalf of our heirs, executors, representatives and assigns do 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 your branch in the name of he estate of the said deceased father/mother after the realisation of Draft No..... on issued by (name of Bank) and 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 Bank to our said mother/father Mrs/Mr

1

2

3

DEPONENT(S)

Verification : I/We, the above named deponent(s) do hereby verify on solemn affirmation that the contents of this affidavit are true to my/our knowledge

Dated : DEPONENT(S)

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

Dated :

Attested

Oath Commissioner

(Annexure I to III to Form G added vide Ministry of Finance (DEA) Notification No.F-3(6)PD/86 dated 23/03/1986)