

**POST OFFICE SAVINGS BANK
ACCOUNT OPENING/PURCHASE OF CERTIFICATE APPLICATION FORM FOR INDIVIDUALS**

For Office Use														
Post Office:						Date:				SOL ID:				
Account/Registration No.										CIFID(1)				
CIFID(2)										CIFID(3)				

For Applicant(s)

*1. I/We request you to open:- _____ (Savings (with/without cheque book)/Basic Savings/RD/1/2/3/5 Years TD/MIS/SCSS/PPF/SSA or issue NSC(8th/9th issue) or KVP) in my/our name(s).

*2. Full Name of applicant(s)/Guardian (in case of minor/Lunatic A/C), in CAPITAL Letters (leave space between words)

Mr./Mrs./Ms./Other	First Name	Middle Name	Last name	Gender
1				
2				
3				

*3. Full Name of father/husband/Mother, in CAPITAL Letters

*4. Residential Address	First Applicant	2 nd Applicant	3 rd Applicant
Flat No./Bldg. name			
Street/Road/Locality/Village			
Tehsil/Post Office			
City and District			
State			
Pin Code			
Tel./Mobile No.(optional)			
Email (optional)			

*5. Applicant's Date of Birth (dd/mm/yy) PAN Number or Form 60/61 CIF ID (if already exists)

1	2	3

*6. Operating Instruction (please tick ✓ the empty box)

Single/Self	Either or Survivor (Joint-B)	Jointly (Joint-A)	Through literate agent
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*7. Detail of Know Your Customer (KYC) documents submitted:-

	Photo ID of Applicant(s)			Address Proof of Applicant(s)		
	1 st	2 nd	3 rd	1 st	2 nd	3 rd
Type of Document						
Document No.						
Valid up to (if any)						

*8. Detail of First deposit:- Amount Rs.(figures) _____.(words) _____
Mode of Deposit _____

9. Nomination:- I/We nominate the person(s) named below under Section 4 of the Government Savings Bank Act, 1873 (5 of 1873) to be the sole recipient (s) of the amount standing at the credit of the account in the event of my/our death.

Name & address of nominee(s)	Date of Birth (in case of minor)	Share of nomination	Name & address of person who may receive the said amount during the minority of the nominee(s)

Signature of witness in case depositor wish to make nomination
Name & Address of witness _____

*Mandatory Fields to be filled by customer.

10. AADHAR NUMBER:- _____
11. Please open, Minor A/C through Guardian/Lunatic Account through Guardian/Blind/Physically Handicapped/Illiterate through Agent/Pensioner/BPL/SB Basic Savings Account/Sanchayika Account/Others _____
12. In case of minor/Lunatic Account, please fill Name of Minor/Lunatic and his/her Relationship with Guardian _____
13. In case of other than Minor/Lunatic, please enter Name of Sanchayika/Government Welfare Scheme and PPO/BPL/Registration/Enrollment number:- _____
14. Amount of Monthly Installment (In case of RD Account):-Rs.(in figures) _____ (in words) _____
15. In case services of SAS/PPF/MPKBY Agent are taken:- Name of Agent _____ Authority No. _____ Valid Up to _____
16. Standing Instructions if any :- _____
17. I/We authorize Agent (name) _____ to receive Passbook/Certificates on my/our behalf.
18. Received Certificate(s) _____ Signature of investor/messenger/Authorized agent _____

Declarations

I/We hereby declare that I/We have clearly understood POSB General Rules 1981 and Post Office Savings Account Rules 1981/ Post Office Recurring Deposit Rules 1981/ Post Office Time Deposit Rules 1981/ Monthly Income Account Rules 1987/ Senior Citizens Savings Scheme Rules, 2004 and Sukanya Samridhhi Account Rules 2014, PPF Rules 1968, NSC(VIII) and (XI) issue Rules, KVP Rules (amended from time to time) governing the accounts/Certificates under this scheme and to abide by such rules framed by the Central Government as may be applicable to the account from time to time. I hereby declare that I am not maintaining any other Public Provident Fund Account and I will not exceed maximum deposit limit fixed from time to time in self as well as my minor accounts (combining all accounts) where I am a guardian.

DATE:

Signature/Thumb Impression:-		
1 st Applicant	2 nd Applicant	3 rd Applicant
Space for affixing photo of applicants		

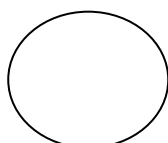
All Fields to be entered into system by Counter PA.

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. Following serial numbers of NSC(s)/KVP(S) issued (in case of NSC/KVP Application):-

Serial Nos.of certificates	Denomination	Date of issue	Date of encashment

Signature of BPM
Date Stamp



Signature of Sub/Head Postmaster
Date Stamp

