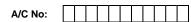
CIF No:	8 5 1 5 7 1 1 6 4 3 6	



FORM A

[See sub paragraph (1) of paragraph 4]

Application for opening a Public Provident Fund Account under the Public Provident Fund Scheme 2019

То
The Chief/Branch Manager
State Bank of India
70157, ANGAMALLY
ERNAKULAM KERALA

Paste Recent
Passport Size
Colour
Photograph.

	NOEAM NENAEA		
			PAN: APGPA4140N
	I, Mr. ARUNKUMAR V, hereby apply for ope	ning an account under the Public Provident Fund	Scheme 2019 in My Name / In the Name of Kumar /
	ri of whom I am the Guardian and tender herewi	h (Rupees	only) in Cash / Cheque as the
Perma	nent Address of Subscriber / Guardian OLD NO	33/ NEW NO 155 EAST MADA STREET THIRU	VANMIYUR, CHENNAI 600041 Chennai
I agree	e to abide by the provisions of the Public Provident	Fund Scheme, 2019 and amendments issued the	ereto from time to time.
ACCO	UNT IN THE NAME OF SELF / MINOR(S):		
Date o	of Birth of Minor:	Applicant(s) relationship wi	th minor, if any:

- i. I hereby declare that I am not maintaining any other Public Provident Fund Account.
- ii. I hereby declare that I am not maintaining any other Public Provident Fund Account, except an account on behalf of a Minor or a Hindu Undivided Family or an association of persons.
- iii. I hereby declare that the details of other Public Provident Fund accounts opened earlier by me are as under :-

SI.No	Description	Name/Address of the Bank / Post office and Account No.
1	Self account	
2	In the name of minor(s) of whom I am the guardian	
3	HUF Account	
4	In the name of Association of Persons	

iv. I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is \$\frac{1}{50,000}\$/- in a financial year at present in each of the following types of Public Provident Fund Account.

a. Individual Self Account and Account(s) on behalf of minor(s) of whom I am the Guardian.

In case, at any time the said declaration is found untrue/false, no interest shall be payable to me/the subscriber on the arthe prescribed limit.	mount of deposit found in excess of
Date://20	Signature or Thumb impression of Subscriber/Guardian
Note: Delete whichever is not applicable	(Additional specimen signature)
FOR THE USE OF BRANCH	
The PPF Account has been opened on//20 with/- under Public Provident Fund.	
Account No:	
Passbook No: has been issued	
Date://20	Branch / Service Manager

c. Association of Persons account as applicable in the State of Goa and Union Territories of Dadra and Nagar Haveli and Daman and Diu.

b. Hindu Undivided Family Account.



FORM - E

[See sub paragraph (1) of paragraph 12] Nomination under the Public Provident Fund Scheme, 2019

To, The Chief / Branch Manager State Bank of India				
70157,	ANGAMALLY			
ERNA	KULAM KERALA			
		AR V, hereby nominate the person(s) mentioned belonged by the standing to my credit in the Public Provident Fund Ac	ow to whom to the exclusion of all other persons, count No at the time of my death	
Serial No	Name(s) of the Nominee(s)	Date of birth of nominee(s) in case of minor / AGE	Proportionate amount for each nominee	
	ANJALI RAJ	07/06/1993	50	
	ADITHI ARUN	21/09/2020	50	
* As th	e nominee(s) at Serial No(s) _	specified above is/are minor(s), I appoint Sri / S	mt / Kumari Address	
nomine	20(5)	to receive the sum due under the said ac	count in the event of my death during the minority of the	
	e if not applicable.			
Delet	е ії пот арріісавіе.			
			Signature/Thumb impression of Subscriber	
	ness :			
Address:				
(2) Wit	ness :	(Signature)		
	Name :			
Addres	Address:			
Date ://20				

TO BE USED BY THE BRANCH OFFICE

The above nomination has been registered on ___/__/20___ and an entry made in the Passbook with Nomination No: _____

Date :/	/20	Branch/Service Manager