

CIF No: 74052701175

A/C No:



FORM A

[See sub paragraph (1) of paragraph 4]

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

To
The Chief/Branch Manager
State Bank of India

40796, VIDYANAGAR, RAMANAGARAM

RAMANAGARAM KARNATAKA

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Photograph.

PAN: AWMPC0206A

I, **Mr. KIRAN KUMAR C**, hereby apply for opening an account under the Public Provident Fund Scheme 2019 in My Name / In the Name of Kumar / Kumari of whom I am the Guardian and tender herewith ₹ (Rupees only) in Cash / Cheque as the initial Subscription.

Permanent Address of Subscriber / Guardian **SANGANABASAVA DODDI MAYAGANAHALLI POST RAMANAGARAM Ramanagara**

I agree to abide by the provisions of the Public Provident Fund Scheme, 2019 and amendments issued thereto from time to time.

ACCOUNT IN THE NAME OF SELF / MINOR(S):

Date of Birth of Minor:

Applicant(s) relationship with 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 :-

Sl.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 ₹ 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.

b. Hindu Undivided Family Account.

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

In case, at any time the said declaration is found untrue/false, no interest shall be payable to me/the subscriber on the amount of deposit found in excess of the prescribed limit.

Date: ____/____/20____

Signature or Thumb impression
of Subscriber/Guardian

(Additional specimen signature)

Note: Delete whichever is not applicable

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FOR THE USE OF BRANCH

The PPF Account has been opened on ____/____/20____ with ₹ ____/- under Public Provident Fund.

Account No:

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Passbook No:

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 has been issued

Date: ____/____/20____

Branch / Service Manager

**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

40796, VIDYANAGAR, RAMANAGARAM

RAMANAGARAM KARNATAKA

I, **Mr. KIRAN KUMAR C**, hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons, in the event of my death the amount standing to my credit in the Public Provident Fund Account No _____ at the time of my death would be payable.

Serial No	Name(s) of the Nominee(s)	Date of birth of nominee(s) in case of minor / AGE	Proportionate amount for each nominee
	KALPANA	01/01/1970	100

* As the nominee(s) at Serial No(s) _____ specified above is/are minor(s), I appoint Sri / Smt / Kumari _____ Address _____ to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

* Delete if not applicable.

Signature/Thumb impression of Subscriber

(1) Witness : _____ (Signature)

Name : _____

Address : _____

(2) Witness : _____ (Signature)

Name : _____

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