

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/Basic Savings/RD/TD _____ Year//MIS/SCSS/PPF/SSA or issue NSC(8th/9th issue) or KVP in my/our name.

*2. Full Name of applicant/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 (M/F)

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			Address Proof		
	Applicant			Applicant		
	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/Sanchayaka Account/Others _____

12. In case of minor/Lunatic Account, please fill Name of Guardian, his Residential Address and Relationship with Minor _____

13. In case of other than Minor/Lunatic, please enter Name of Sanchayaka/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 of NSC/KVP:- Please issue (No. of NSC/KVP & Den.) _____

16. In case services of SAS/PPF/MPKBY Agent are taken:- Name of Agent _____ Authority No. _____ Valid Up to _____.

17. Standing Instructions if any :- _____

18. I/We authorize Agent (name) _____ to receive Passbook/Certificates on my/our behalf.

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 Samriddhi 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:-
1st Applicant

2nd Applicant

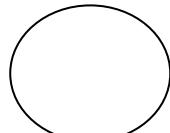
3rd Applicant

Space for affixing photo of applicants

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Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with. Following numbers of NSC/KVP issued (in case of NSC/KVP Application):- _____

Signature of BPM
Date Stamp



Signature of SPM

Signature of Postmaster

POST OFFICE SAVINGS BANK
NEW/CHANGE KYC (Know Your Customer) Form (to be sent to CPC)

	<u>Signature</u>	<u>Recent Photograph</u>
Applicant (1) Name:- CIF ID No. Account No.	(1) 	
	(2) 	
Applicant (2) Name:- CIF ID No. Account No.	(1) 	
	(2) 	
Applicant (3) Name:- CIF ID No. Account No.	(1) 	
	(2) 	

Please fill all the information below in case of new account and only relevant information in case of Change in KYC

Name (in capital letters)			
Flat/House No.		Locality	
Road		Landmark	
City		PIN	
State		Country	
Tel (Off)		Tel (Res)	
Mobile No		E Mail ID	

I hereby submit photo copy of the following documents (self-attested) for the proof of –

Proof of Identity (doc. type & no.)			
Proof of address (doc. type & no.)			

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb Impression:-
(In case of joint a/c holders all applicants have to sign)

1st Applicant

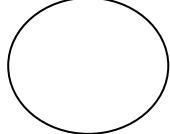
2nd Applicant

3rd Applicant

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.

Signature of BPM
Date:



Signature of SPM

Signature of Postmaster

Date Stamp:-