

**FORM-C**

(See rule 6)

**APPLICATION FOR NOMINATION/CHANGE/CANCELLATION OF NOMINATION
UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004**

To,
The Chief / Branch Manager
State Bank of India

Sir / Madam

1. I nominate the following person / persons, 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 account would be payable in accordance with the provisions contained in rule 6:

TABLE

Sl. No.	Name(s) of the nominee(s) along with relationship with the depositor	Permanent Address	Date(s) of birth of nominee(s) in case of a minor/ age in other case(s)	Share of the nominee(s) in amount payable.

Photograph(s) of the Nominee(s)	Signature/Thumb impression of the Nominee(s)

2. * As the Nominee(s) at Serial No.(s) _____ above is/are minor(s), I appoint Shri / Smt. / Kumari _____ [Name(s) with Permanent Address(es) of the person(s) in respect of each minor nominee] to receive the sum due under the said account in the event of my death during the minority of the nominee(s).
3. * This is in supersession of the nomination(s), made by me earlier at the time of opening of account/vide my application dated ____/____/20____.
4. * I _____, hereby request to cancel the nomination made by me earlier vide my application dated ____/____/20____.

Witnesses(Signature, name and address): Signature/Thumb impression of the Depositor(s)

1) _____ 2) _____

Date : ____/____/20____ At (Place) _____

*Score out whichever is not applicable.

FOR THE USE OF BRANCH

The above nomination has been registered on ____/____/20____ AND/OR the earlier nomination dated ____/____/20____ has been Changed/Cancelled. Necessary entries have been made in the Pass Book No ____

Date : ____/____/20____

(Branch / Service Manager)