



FORM - H

[See sub paragraph (3A) of paragraph 9]
**Application for continuance of account under
Public Provident Fund Scheme, 1968 beyond 15 years**

To,
The Chief / Branch Manager
State Bank of India

* My Public Provident Fund Account No _____ has completed 15 years
after the initial year of its commencement on ____/____/____

* My Public Provident Fund Account No _____ has completed 15 years
and Extension of 5 Years on ____/____/____

*Strike which is not applicable.

I wish to continue to subscribe to my above referred account for a further block period of 5
years according to the limits prescribed in paragraph 3 of the Scheme.

Date : ____/____/20____

Signature or thumb impression of
(Subscriber/Guardian)

TO BE USED BY THE BRANCH OFFICE

The said PPF Account has been completed 15 years after the year of initial subscription
and / or Extension on ____/____/20____. Subscriber's request has been noted and PPF A/c
No _____ extended for 5 Years.

Date: ____/____/20____

Branch Manager / MOD