

## FORM - G

## (See rule - 11) APPLICATION FOR TRANSFER OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

	o, ne Chief / Branch Manager nate Bank of India						
Si	r / Madam,						
		Son / Dau	ahter / Wife of				
A.	I,, Son / Daughter / Wife of, a Depositor of Accoun						
	No hereb						
	with a deposit, of ₹						
	under the Senior Citizens Savin	gs Scheme, 2004	1 to				
	(	Name and full Ad	ddress of the <b>Tran</b>	sferee Bank / Post Offic	:e)		
В.	The Pass Book is enclosed.						
			Signature/Thur	mb impression of the Depo	sitor(s)		
<u>W</u>	itnesses (Signature, name and		2)				
C.	My/our* Specimen signatures (below: (i) First Depositor:	Thumb impression	on), as available in	the record of your Branch	are as		
1		2.		3.			
	(ii) *Joint Depositor:						
1		2.		3.			
٠		2.		J.			
				*Witness			
^:	Required in case of Thumb Impr	ession					
	(Countersigned by Serv. Manager)	_	by Serv. Manager)	(Countersigned by Serv. Ma			
	Date://20	Date:	//20	Date://20			
			Signature or Th	numb Impression of the De	positor		
Fo	orwarded to		Ü	(Transferee D			
Br	ranch / Office) and necessary	entries passed	in the office reco	ord(s).	cposit		

Date : \_\_\_/20\_\_\_

## FOR USE BY THE TRANSFEREE DEPOSIT OFFICE

A.	Received application for transfer of Account	No	opened on	_//2	0				
	under SENIOR CITIZENS SAVINGS SCHEME, 2004, in the name of &								
	(Joint Holder, i								
	India,	(Name & Address of the transferor Branch) showing							
	a deposit of _₹ (Rupees			), dı	ue to				
	mature on//20								
В.	<ol> <li>The Entries in the pass book have been checked, necessary entries indicating transfer, have been made and pass book has been returned to the depositor.</li> </ol>								
Pass Book Received in Original.		(Signature of Official in Transferee Bank/Post Office)							
#	(Signature / Thumb Impression of Depositor(s))								
#:	to be signed on receipt of the Pass Book at the	Transferee Bank / Post (	Office.						