| CIF No: | 8 9 2 3 3 5 1 1 2 3 7 | A/C N |
|---------|-----------------------|-------|
|---------|-----------------------|-------|





[See sub paragraph (1) of paragraph 4]

## Application for opening a Public Provident Fund Account under the Public Provident Fund Scheme 1968

To
The Chief/Branch Manager
State Bank of India

02684, VASNA

AHMEDABAD GUJARAT

| Paste Recent  |
|---------------|
| Passport Size |
| Colour        |
| Photograph.   |
|               |

PAN: CLRPB9169H

| I, Mr. BHUMIT NARESHBHAI BELANI,   | hereby apply for opening an account | under the Public Provident Fund Scheme 1968 in My | / Name / In the |
|--|-------------------------------------|---|-----------------|
| Name of Kumar / Kumari of whom I am the Guar Cheque as the initial Subscription. | dian and tender herewith            | _ (Rupees   | only) in Cash / |
|  |                                     |   |                 |

Permanent Address of Subscriber / Guardian 13, SWAPNA SARJAN APARTMENT SUNDERVAN SOCIETY VASNA, AHMEDABAD-380007 Ahmadabad

I agree to abide by the provisions of the Public Provident Fund Scheme, 1968 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 :-

| SI.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<br>Association of<br>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 \$\frac{1}{50,000}\$/- in a financial year at present in each of the following types of Public Provident Fund 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 paya the prescribed limit. | able to me/the subscriber on the amount of deposit found in excess of |
| Date://20  | Signature or Thumb impression of Subscriber/Guardian                  |
|  | (Additional specimen signature)                                       |
| Note: Delete whichever is not applicable   |   |
| FOR THE USE OF BRANCH  |   |
| The PPF Account has been opened on//20 with/- under  | Public Provident Fund.  |
| Account No:  |   |
| Passbook No: has been issued   |   |
| Date: / /20  | Branch / Service Manager  |

a. Individual Self Account and Account(s) on behalf of minor(s) of whom I am the Guardian.

b. Hindu Undivided Family Account.



## FORM - E

# [See sub paragraph (1) of paragraph 12] Nomination under the Public Provident Fund Scheme, 1968

| ō,<br>       |                           |  |   |
|--------------|---------------------------|--|---|
|              | ief / Branch Manager      |  |   |
| itate E      | Bank of India             |  |   |
| 2684,        | VASNA                     |  |   |
| нме          | DABAD GUJARAT             |  |   |
|              |                           | <del></del>  |   |
|              | ∣ Mr BHIIMIT NA           | APESURUAL RELIANI hereby peminate the percent  | s) mentioned below to whom to the exclusion of all other pe                     |
| n the e      |                           |  | count No at the time of my death  |
|              | pe payable.               |  |   |
|              |                           |  |   |
| Serial<br>No | Name(s) of the Nominee(s) | Date of birth of nominee(s) in case of minor / AGE   | Proportionate amount for each nominee   |
|              | RIPAL BHAVSAR             | 15/01/1996   | 100   |
|              |                           |  |   |
|              |                           |  |   |
|              |                           |  |   |
|              |                           |  |   |
|              |                           |  |   |
| As the       |                           | specified above is/are minor(s), I appoint Sri / Sto receive the sum due under the said ac | Smt / Kumari Address scount in the event of my death during the minority of the |
| omine        |                           | to receive the sum due under the said de   | south in the event of my death during the minority of the                       |
| Dalat        | e if not applicable.      |  |   |
| Delet        | я плот аррпсаые.          |  |   |
|              |                           |  | Signature/Thumb impression of Subscriber  |
|              | ness:                     |  |   |
|              |                           |  |   |
| aares        | s:                        |  |   |
|              |                           |  |   |
| 2) Witi      | ness :                    | (Signature)  |   |
|              |                           |  |   |
| ddres        | S:                        |  |   |
|              |                           |  |   |
| ate:         | //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 |
|---------|-----|------------------------|
|         |     |                        |