

POST OFFICE SAVINGS BANK
APPLICATION FOR OPENING OF ACCOUNT/PURCHASE OF CERTIFICATE
FOR USE OF POST OFFICE

| | | | | | | | |
|----------------|--|---------|--|------------|--|------------------|--|
| Post Office | | Tran-ID | | SOL ID | | Date of Maturity | |
| Account Number | | | | CIF-ID (1) | | | |
| CIF-ID (2) | | | | CIF-ID (3) | | | |

Instructions: i. Please tick (✓) the appropriate box, ii) Use CAPITAL LETTERS only while filling in the application form iii) Submit the self-attested copies of the Documents.

To
The Postmaster

Paste photograph
of applicant/s

Paste photograph
of applicant/s

Paste photograph
of applicant/s

Madam/Sir,

I/We(Applicant/guardian) hereby apply for opening of an account under(Savings/RD/ 1,2,3,5 Years TD/MIS/SCSS/PPF/SSA/KVP/NSC VIIIth Issue)scheme in your Post office in my/our name(s)/in the name of minor or person of unsound mind.

(i) Additional Facilities available (For Post Office Savings Account) (a) Cheque Book required:- ☐ , (b) IPPB A/C ☐
(c) Aadhaar Seeding ☐ ATM Card ☐ Internet Banking ☐ Mobile Banking ☐ (Prescribed form to be enclosed)
(d) Insurance/Pension products: - PMSBY ☐ PMJJBY ☐ APY ☐ (Prescribed form to be enclosed)

(ii) Account Holder Type: - ☐ Self ☐ Minor through Guardian ☐ Person of unsound mind through guardian.

(iii) Account Type: - ☐ Single ☐ Either or Survivor (Joint B) ☐ All or Survivor(s) (Joint A)

1. In case of account opened in the name Minor/ Person of unsound mind.

| | | | |
|---------------------------------------|--|----------------|--|
| Name of Minor/ Person of unsound mind | Date of Birth(DD/MM /YYYY) in words | Gender (M/F/O) | Name of Guardian, Relationship and status – Natural or Legal |
| 1. | | | |
| 2. | Details of proof of age of minor along with its date of Issue and Issuing Authority (In case of SSA A/c Birth Certificate is mandatory) | | |

2. I/We tender herewith Rs...../-(Rs.....(In words) in cash/DD/Cheque No..... date..... as initial deposit. My/Our particulars are as under:-

| Particulars | 1 st Applicant | 2 nd Applicant | 3 rd Applicant |
|--|---------------------------|---------------------------|---------------------------|
| Name of the Applicant/ Guardian | | | |
| Name of Husband/ Father/ Mother | | | |
| Gender (M/F/O) | | | |
| Date of Birth (DD/MM/YYYY) and In words (mandatory) | | | |
| Aadhaar Number | | | |
| PAN Number* | | | |
| CIF ID (existing A/Cs holders) | | | |
| Present Address:- House/Locality/Village & Post Office/City/District/ State/Pin Code | | | |
| Permanent Address:- House/Locality/Village & Post Office/ City/ District/ State/Pin Code | | | |
| Telephone No./Mobile No.* | | | |
| E-mail ID | | | |
| ID Proof (Document No./Date of Issue/ Issuing Authority) | | | |
| Address Proof (Document No./Date of Issue/ Issuing Authority) | | | |
| For SCSS Account details of proof of age (Doc. No., issue Date and Issuing Authority) | | | |

(If Aadhaar Card/proof of enrolment of Aadhaar is not provided, any of the following documents can be accepted as valid documents for the purpose of identification and address proof) :- 1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by Mnrags signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address.

Note:- As per PMLA Act-2002, if balance/investment in all accounts are 10 Lakh & above, customer has to submit copy of document showing source of receipt of funds tendered for investment.

Specimen Signatures

1.....1.....1.....
2.....2.....2.....
3.....3.....3.....

Name:-.....Name:-.....Name:-.....

3. Declarations

General:-(1) I/We hereby undertake to abide by the scheme provisions and Government Savings Promotion Rules, 2018 applicable on the Scheme and amendments issued thereto from time to time.

(Details available at <https://www.indiapost.gov.in/VAS/Pages/RTI/RTI-Manual-5.aspx>)

(2) I/We further declare that I/We/Minor/person of unsound mind is/are Resident citizen of India and undertake to inform the account office of any change in My/our residency/citizenship status in future.

(3) I hereby agree that account will be operated by me till account holder attained age of 18 years and thereafter, account holder will operate the account. (In case of SSA and Minor Account opened through Guardian).

(4) In case services of SAS/MPKBY Agent are taken: -

Name of Agent Authority No.....Date of validity.....

(5) Standing Instruction (i.e. MIS to SB, SB to RD etc.) if any.....

TD :- Extension/Renewal of account required after maturity :- ☐

☐ **SSA :-** I hereby declare that no other account has been opened under Sukanya Samridhi Account in the name of the depositor in any of the Post office/Bank in the country.

☐ **PPF :-**(1) I hereby declare that no other account has been opened under Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

(2) I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors as per provision of the scheme and any deposit in excess of the ceiling will be treated as in contravention to the Scheme provisions.

☐ **MIS/SCSS :-** I/We hereby declare details of my/Our existing accounts* as on today under "National Savings Monthly Income Account/ Senior Citizen Savings Scheme" in any of the Post Office/Bank in the country.

| Sl.No. | Name of Scheme (MIS or SCSS) | Date of opening of account | Amount deposited | Customer Identification Number (CIF No.) | Account Number | Name of Post Office/Bank |
|--------|------------------------------|----------------------------|------------------|--|----------------|--------------------------|
| 1 | | | | | | |
| 2 | | | | | | |

*If number of accounts is more, details of all accounts should be filled and attached as annexure duly signed.

Please tick (V) the appropriate box

Date:-

Signature or thumb impression of Applicant(s)/Guardian

4. Nomination

I/We.....hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in(Name of Scheme) at the time of my death would be payable.

| S.No. | Name(s) of the nominee(s) and relationship | Full address (s) | Aadhaar number of nominee (optional) | Date of birth of nominee in case of minor nominee | Share of entitlement | Nature of entitlement Trustee or owner |
|-------|--|------------------|--------------------------------------|---|----------------------|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I/We appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....

Address.....to

receive the sum due under the said account in the event of my/Our death during the minority of the nominee(s).

(In case, applicant(s) is/are illiterate)

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Place:

Date:

Signature or thumb impression of Applicant(s)/Guardian

FOR USE OF POST OFFICE

I have carefully examined this application and Identification as well as address proof documents submitted. Opening of account is approved.

Account has been opened in the name of.....with Rs.....on.....(Date) underscheme vide A/c No. dated

Nomination registration details:-

| | | | |
|------------|-------------------------------------|------------|---|
| Date Stamp | Signature of GDS Branch Post Master | Date Stamp | Signature of Sub/Asst./Head Post Master |
| | Name Stamp of EDBO | | Designation stamp |

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

| | Signature | Recent Photograph |
|---------------------------|-----------|-------------------|
| Applicant(1) Name:- | (1) | |
| CIF ID No. | (2) | |
| Account /Registration No. | | |
| Applicant(2) Name:- | (1) | |
| CIF ID No. | (2) | |
| Account /Registration No. | | |
| Applicant(3) Name:- | (1) | |
| CIF ID No. | (2) | |
| Account /Registration No. | | |

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 Number | | Locality | |
| Road | | Landmark | |
| Village/Town/City | | District | |
| Pincode | | State | |
| Mobile Number | | Email ID | |
| Aadhar number | | PAN Number | |

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

| | |
|--|--|
| Proof of identity (doc.no./date/issuing authority) | |
| Proof of address (doc.no./date/issuing authority) | |

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

Signature/Thumb impression:- 1st Applicant 2nd Applicant 3rd Applicant
 (in case of Joint A/c, all applicants have to sign)

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 GDS BPM
Date:-

Signature of SPM

Signature of Postmaster

Date Stamp

