

CIF No: 8|7|2|4|8|4|4|1|1|9|7

A/C No: \_\_\_\_\_



## FORM A

[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**  
**30521, GANIYARI ROAD, WAIDHAN**

**SINGRAULI MADHYA PRADESH**

Paste Recent  
Passport Size  
Colour  
Photograph.

PAN: FADPS1225P

I, **Mr. VIKASH SONI**, 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 Guardian and tender herewith **₹** \_\_\_\_\_ (Rupees \_\_\_\_\_ only) in Cash / Cheque as the initial Subscription.

Permanent Address of Subscriber / Guardian **GANIYARI ROAD WAIDHAN DIST-SINGRAULI Singrauli**

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 :-

Sl.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 Association of 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 **₹ 1,50,000/-** in a financial year at present in each of the following types of Public Provident Fund Account.

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

b. Hindu Undivided Family 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 payable to me/the subscriber on the amount of deposit found in excess of the prescribed limit.

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

**FORM - E**

[See sub paragraph (1) of paragraph 12]

**Nomination under the Public Provident Fund Scheme, 1968****To,****The Chief / Branch Manager****State Bank of India****30521, GANIYARI ROAD, WAIDHAN****SINGRAULI MADHYA PRADESH**

I, **Mr. VIKASH SONI**, 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 the Public Provident Fund Account No \_\_\_\_\_ at the time of my death would be payable.

Serial No	Name(s) of the Nominee(s)	Date of birth of nominee(s) in case of minor / AGE	Proportionate amount for each nominee
	KRISHNA SONI	06/06/1992	50
	KUNVAR PRASAD SONI	01/01/1970	50

\* As the nominee(s) at Serial No(s) \_\_\_\_\_ specified above is/are minor(s), I appoint Sri / Smt / Kumari \_\_\_\_\_ Address \_\_\_\_\_ to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

\* Delete if not applicable.

Signature/Thumb impression of Subscriber

(1) Witness : \_\_\_\_\_ (Signature)

Name : \_\_\_\_\_

Address : \_\_\_\_\_

(2) Witness : \_\_\_\_\_ (Signature)

Name : \_\_\_\_\_

Address : \_\_\_\_\_

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