

**POST OFFICE SAVINGS BANK
ACCOUNT OPENING/PURCHASE OF CERTIFICATE APPLICATION FORM FOR INDIVIDUALS**

For Office Use												
Post Office:						Date:			SOL ID:			
Account/Registration No.								CIFID(1)				
CIFID(2)								CIFID(3)				

For Applicant(s)

*1. I/We request you to open:- Savings/Basic Savings/RD/TD SSA Year//MIS/SCSS/PPF/SSA or issue NSC(8th/9th issue) or KVP in my/our name.

*2. Full Name of applicant/Guardian (in case of minor/Lunatic A/C), in CAPITAL Letters (leave space between words)

Mr./Mrs./Ms./Other	First Name	Middle Name	Last name	Gender (M/F)
1	Mr.	ABC	Singh	M
2				
3				

*3. Full Name of father/husband/Mother, in CAPITAL Letters

Sh. PQR SINGH

***4. Residential Address**

	First Applicant	2 nd Applicant	3 rd Applicant
Flat No./Bldg. name	House No 10		
Street/Road/Locality/Village	Sadar Bazar		
Tehsil/Post Office	Ambala		
City and District	Ambala		
State	Haryana		
Pin Code	133001		
Tel./Mobile No.(optional)	1234567890		
Email (optional)	abc@gmail.com		

*5. Applicant's Date of Birth (dd/mm/yy)

PAN Number or Form 60/61)

CIF ID (if already exists)

1	01-01-2010		
2			
3			

*6. Operating Instruction (please tick ✓ the empty box)

Single/Self	<input checked="" type="checkbox"/>	Either or Survivor (Joint-B)	<input type="checkbox"/>	Jointly (Joint-A)	<input type="checkbox"/>	Through literate agent	<input type="checkbox"/>
-------------	-------------------------------------	------------------------------	--------------------------	-------------------	--------------------------	------------------------	--------------------------

*7. Detail of Know Your Customer (KYC) documents submitted:-

	Photo ID Applicant			Address Proof Applicant		
	1 st	2 nd	3 rd	1 st	2 nd	3 rd
Type of Document	PAN			AADHAR		
Document No.	ABCDE1234F			123456789012		
Valid up to (if any)						

*8. Detail of First deposit:- Amount Rs.(figures) 1000

.(words) Rupees One Thousand Only

Mode of Deposit CASH

9. Nomination:- I/We nominate the person(s) named below under Section 4 of the Government Savings Bank Act, 1873 (5 of 1873) to be the sole recipient (s) of the amount standing at the credit of the account in the event of my/our death.

Name & address of nominee(s)	Date of Birth (in case of minor)	Share of nomination	Name & address of person who may receive the said amount during the minority of the nominee(s)
NOMINATION NOT REQUIRED IN SSA			

Signature of witness in case depositor wish to make nomination

Name & Address of witness

*Mandatory Fields to be filled by customer.

10. AADHAR NUMBER:- 123456789012

11. Please open Minor A/C through Guardian/Lunatic Account through Guardian/Blind/Physically Handicapped/Illiterate through Agent/Pensioner/BPL/SB Basic Savings Account/Sanchayaka Account/Others _____

12. In case of minor/Lunatic Account, please fill Name of Guardian, his Residential Address and Relationship with Minor _____

13. In case of other than Minor/Lunatic, please enter Name of Sanchayka/Government Welfare Scheme and PPO/BPL/Registration/Enrollment number:- _____

14. Amount of Monthly Installment (In case of RD Account):-Rs.(in figures) _____ (in words) _____

15. In case of NSC/KVP:- Please issue (No. of NSC/KVP & Den.) _____

16. In case services of SAS/PPF/MPKBY Agent are taken:- Name of Agent _____ Authority No. _____ Valid Up to _____.



17. Standing Instructions if any :- _____

18. I/We authorize Agent (name) _____ to receive Passbook/Certificates on my/our behalf.

Declarations

I/We hereby declare that I/We have clearly understood POSB General Rules 1981 and Post Office Savings Account Rules 1981/ Post Office Recurring Deposit Rules 1981/ Post Office Time Deposit Rules 1981/ Monthly Income Account Rules 1987/ Senior Citizens Savings Scheme Rules, 2004 and Sukanya Samridhi Account Rules 2014, PPF Rules 1968, NSC(VIII) and (XI) issue Rules, KVP Rules (amended from time to time) governing the accounts/Certificates under this scheme and to abide by such rules framed by the Central Government as may be applicable to the account from time to time. I hereby declare that I am not maintaining any other Public Provident Fund Account and I will not exceed maximum deposit limit fixed from time to time in self as well as my minor accounts (combining all accounts) where I am a guardian.

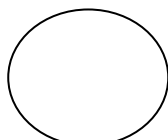
DATE:

Signature/Thumb Impression:- 1 st Applicant	2 nd Applicant	3 rd Applicant
		
		

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. Following numbers of NSC/KVP issued (in case of NSC/KVP Application):- _____

Signature of BPM
Date Stamp



Signature of SPM

Signature of Postmaster