FORM G

[See sub paragraph (6) of paragraph 12] Application for withdrawal by Nominees/Legal Heirs under the Public Provident Fund Scheme, 1968

10								
	_	_	Postmaster					
			(Nam	e of the Bank	k/Head Pos	t Office)		
			. the subsc	riber to Pub	lic Provide	the nominee(s)/legal heir(s) of late Provident Fund Account No wish to tof the deceased in the said account.		
		e find er		8				
*	(i) (ii)	(ii) Certificate in regard to the death of Sri						
**	(iii)	the deceased issued by High Court						
	(iv)		ook of the si					
(a) (a)	(v) (vi)	Affida	of indemni	ıy				
<u>a</u>	(vii)			er on affidav	rit			
Place Date						Signature(s)/Thumb impression of Claimant		
						COUNTS OFFICE		
Withd	rawal c	of Rs	(Rupees	• • • • • • • • • • • • • • • • • • • •) is sanctioned.		
Date .						Signature of Accounts Officer		
						Y THE CLAIMANT(S)		
	Recei		the	sum	of	Rs(Rupees		
the Sta	ate Ban							
Place Date						Signature(s)/Thumb impression of Claimant		
*			applicable nere is a val	id nominatio	n			

To be produced by legal heirs, in the absence of nominations for claims upto Rs.1 lakh

<u>a</u>

ANNEXURE I TO FORM G (Letter of Indemnity)

То					
The Manager/Postmaster					
In consideration of your paying or agreeing to pay me/us					
(Names of Legal heirs) the sum of Rs	Public Provident Fund Without estate of the deceased the Controller of Estate /We				
In witness whereof we have hereunto set your hands at					
on this	v of				
Signed and delivered by the above named Heir/heirs of the deceased					
Signed and delivered by the Above named sureties					
1					
2					
Names and addresses of witnesses					
1					
2	Attested				
	Notary Public				

ANNEXURE II TO FORM G

(Affidavit)

To			
_	ger/Postmaster		
	(Name	e of the Bank/Head Post Office)	
aged	, aged		s/daughters of the said late
		neir(s) of the deceased	
		the estate of the said deceased	ave any will and therefore
	1		
	2		
	3		
	4		
			DEPONENTS
	place) that the contents of	d deponents do hereby verify on solemn this affidavit are true to our knowledg	
Dated:	1		
	2		
	3		
	4		
Attested Oath Comr	nissioner		DEPONENTS

ANNEXURE III TO FORM G

(Letter of disclaimer on Affidavit)

To

The Manag	ger/Postmaster		
	(Name of the Bank/Head Post Office)		
I/W			
(ii) (iii)	residents of son/daughter of s		
hereby sol	emnly affirm as follows :-		
	at Sri/Smt died hind us his only heirs.	instate on	
our heirs, Rsopened in father/mot whatsoeve	heirs of our late father/mother executors, representatives and assigns do hereby relinquish which may be credited to the account sour your branch in the name of he estate of the said her after the realisation of Draft No	h our claims to the balance ght by our mother/father to dece issued Bank) and we have no objection together with interest.	ce of to be eased d by ction est, if
	1		
	2		
	3		
		DEPONEN	T(S)
	n: I/We, the above named deponent(s) do hereby verify this affidavit are true to my/our knowledge	on solemn affirmation tha	t the
Dated:		DEPONEN	T(S)
	he deponent(s) who is/are personally known to me as/have signed in my presence		
Dated:			
Attested			
Oath Com	missioner		

(Annexure I to III to Form G added vide Ministry of Finance (DEA) Notification No.F-3(6)PD/86 dated 23/03/1986)