## **POST OFFICE SAVINGS BANK**

| ACCOUNT OPE  | NING  | /PU                       | RC               | 1AS          | E C   | )F C | EK   | HIF             | CA                   | ΙĿ    | APPLIC <i>I</i>         | ATIO | N F   | ORN                               | 1 FC | R   | IND             | IVIL            | DUA   | LS            |          |  |
|--|---|---------------------------|------------------|--------------|-------|------|------|-----------------|----------------------|-------|-------------------------|------|---|-----------------------------------|------|-----|-----------------|-----------------|-------|---------------|----------|--|
| For Office Use   |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| Post Office:   |   |                           |                  |              |       |      |      |                 | Date:                |       |                         |      |   | SOL ID:                           |      |     |                 |                 |       |               |          |  |
| Account/Registration No.                                 | n   |                           |                  |              |       |      |      |                 |                      |       | CIFID(1)                |      |   |                                   |      |     |                 |                 |       |               |          |  |
| CIF  | ID(2)   |                           |                  |              |       |      |      |                 |                      |       | CIFID(3)                |      |   |                                   |      |     |                 |                 |       |               |          |  |
|  | . ,   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| For Applicant(s)  1. I/We request you to in my/our name. |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| z. Full Name of appi<br>Mr./Mrs./Ms./Other               | I Name of applicant/Guardian (in case of n<br>Irs./Ms./Other First Name M |                           |                  |              |       |      |      | ddle Name       |                      |       |                         |      | AL  | Letters (leave space<br>Last name |      |     |                 |                 |       | Gender ( M/F) |          |  |
| 1  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               | (, - /   |  |
| 2  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| 3  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| 3. Full Name of father/                                  | husban  | d/Me                      | othe             | r, in        | CAP   | ITAI | _ Le | tters           |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| 4. Residential Addre                                     | ss  |                           | F                | iret /       | Δnnl  | ican | †    |                 |                      |       | 2 <sup>nd</sup> Applica | ant  |   |                                   |      |     | 3 <sup>rd</sup> | Δnn             | lican | ŧ             |          |  |
| Flat No./Bldg. name                                      | First Applicant   |                           |                  |              |       |      |      | 2 Applicant     |                      |       |                         |      | 3 <sup>rd</sup> Applicant   |                                   |      |     |                 |                 |       |               |          |  |
| Street/Road/Locality/\                                   |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| Tehsil/Post Office                                       |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| City and District  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| State  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| Pin Code   |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| Tel./Mobile No.(option                                   | al)   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| Email (optional)   |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| . Applicant's Date o                                     | f Birth   | (dd/                      | /mm              | / <b>yy)</b> | Р     | AN I | Num  | ber (           | orFo                 | orm   | 60/61)                  |      |   |                                   | CI   | FIC | ) (if a         | alrea           | ıdy e | xists)        |          |  |
| 2  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| 3  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
|  | , .   |                           | /                |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| 6. Operating Instruction Single/Self Eit                 |   |                           |                  |              |       |      |      | Τ.,             | loin                 | tlv ( | Joint-A)                |      |   | Th                                | rou  | ah  | liter           | ate:            | ager  | nt .          |          |  |
| Jingle/Jen Lit   | iici oi   | Jui                       | VIVO             | 1 (00        | /IIIL | υ,   |      |                 | OIII                 | uy (  | Joint-A)                |      |   | 1                                 | iiou | gıı | iiici           | aic             | agei  |               |          |  |
| 7. Detail of Know You                                    | ır Cust   | ome                       | er (K            | (YC          | ) do  | cum  | ents | s sub           | mitt                 | ted:- |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
|  | Photo ID  |                           |                  |              |       |      |      |                 |                      |       |                         |      | Address Proof   |                                   |      |     |                 |                 |       |               |          |  |
|  | 1 <sup>st</sup>   | Applicant 2 <sup>nd</sup> |                  |              |       |      |      | 3 <sup>rd</sup> |                      |       | 1 <sup>st</sup>         |      |   | Applicant 2 <sup>nd</sup>         |      |     |                 | 3 <sup>rd</sup> |       |               |          |  |
| Type of Document   | •   |                           |                  |              |       |      |      |                 |                      |       | I                       |      |   |                                   |      |     |                 |                 |       |               |          |  |
| Document No.   |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| Valid up to (if any)                                     |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
| 3. Detail of First depos                                 | sit:- Am  | noun                      | nt Rs            | s.(fig       | ures  | 5)   |      |                 |                      |       | (words                  |      |   |                                   |      |     |                 |                 |       |               |          |  |
| . Nomination:- I/We<br>1873) to be the sole re           |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               | 373 (5 c |  |
| Name & address of nominee(s)                             |   |                           | Date of Birth Sh |              |       |      |      | are o           | re of Name & address |       |                         |      | of person who may receive the said amounting the minority of the nominee(s) |                                   |      |     |                 |                 |       |               |          |  |
|  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |
|  |   |                           |                  |              |       |      |      |                 |                      |       |                         |      |   |                                   |      |     |                 |                 |       |               |          |  |

Name & Address of witness\_\_\_\_\_\*Mandatory Fields to be filled by customer.

| 10. AADHAR NUMBER:   |   |  |
|--|---|--|
|  |   | uardian/Blind/Physically Handicapped/Illiterate<br>Others  |
| 12. In case of minor/Lunatic According   |   | Residential Address and Relationship with  |
| 13. In case of other than Mino PPO/BPL/Registration/Enrollment nu  | or/Lunatic, please enter Name of Sa<br>mber:  | nchayka/Government Welfare Scheme and  |
| 14. Amount of Monthly Installment (In  | case of RD Account):-Rs.(in figures)  | (in words)   |
| 15. In case of NSC/KVP:- Please  | e issue (No. of NSC/KVP & Den.)_  |  |
| 16. In case services of SAS/PP<br>NoValid  | F/MPKBY Agent are taken:- Name of the state | of AgentAuthority  |
| 17. Standing Instructions if any :   |   |  |
| 18. I/We authorize Agent (name<br>Passbook/Certificates on my/our beh  |   |  |
| ·  | <u>Declarations</u>   |  |
| Recurring Deposit Rules 1981/ Post Offic<br>Rules, 2004 and Sukanya Samriddhi Acco<br>time) governing the accounts/Certificate<br>applicable to the account from time to time<br>exceed maximum deposit limit fixed from | e Time Deposit Rules 1981/ Monthly Income Action Rules 2014, PPF Rules 1968, NSC(VIII) and sunder this scheme and to abide by such rule. I hereby declare that I am not maintaining an  | Post Office Savings Account Rules 1981/ Post Office count Rules 1987/ Senior Citizens Savings Scheme d (XI) issue Rules, KVP Rules (amended from time to ules framed by the Central Government as may be by other Public Provident Fund Account and I will not its (combining all accounts) where I am a guardian. |
| DATE:  |   |  |
| Signature/Thumb Impression:-  1 <sup>st</sup> Applicant  | 2 <sup>nd</sup> Applicant   | 3 <sup>rd</sup> Applicant  |
| 5  | Space for affixing photo of applicants  |  |
|  | For Office Use only cuments submitted with this application NSC/KVP issued (in case of NSC/KVP Ap   | form and confirm that KYC norms are fully plication):  |
| Signature of BPM Date Stamp  | Signature of SPM  | Signature of Postmaster  |