

POST OFFICE SAVINGS BANK
ACCOUNT OPENING/PURCHASE OF NSC 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/issue account/certificate in my/our name (please tick the empty box):-

| | | | | | |
|-----------------------|--------------------------|--------------------|--------------------------|--------------------------------|--------------------------|
| Savings Account | <input type="checkbox"/> | TD A/C 2 Years | <input type="checkbox"/> | Sr. Citizen Savings Scheme A/C | <input type="checkbox"/> |
| Basic Savings Account | <input type="checkbox"/> | TD A/C 3 Years | <input type="checkbox"/> | PPF A/C | <input type="checkbox"/> |
| RD Account | <input type="checkbox"/> | TD A/C 5 Years | <input type="checkbox"/> | NSC VIIIth Issue | <input type="checkbox"/> |
| TD A/C 1 Year | <input type="checkbox"/> | Monthly Income A/C | <input type="checkbox"/> | NSC IXth Issue | <input type="checkbox"/> |

*2. Operating Instruction (please tick the empty box)

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

*3. Full Name of applicant, in CAPITAL Letters (leave a space between words)

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

*4. Full Name of father/husband/Mother, in CAPITAL Letters (leave a space between words)

| | Mr./Mrs./Ms./Others | First Name | Middle Name | Last name | Gender(M/F) |
|---|---------------------|------------|-------------|-----------|--------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

*5. Residential Address

| | First Applicant | 2 nd Applicant | 3 rd Applicant |
|------------------------------|-----------------|---------------------------|---------------------------|
| Flat No./Bldg. name | | | |
| Street/Road/Locality/Village | | | |
| Tehsil/Post Office | | | |
| City and District | | | |
| State | | | |
| Pin Code | | | |
| Tel./Mobile No.(optional) | | | |
| Email (optional) | | | |

*6. Applicant Date of Birth (dd/mm/yy) PAN (If not available, attach Form 60/61) CIF ID (if already exists)

| | Date of Birth (dd/mm/yy) | PAN | CIF ID |
|---|--------------------------|-----|--------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

7, Please choose from the following (Tick any one):-

| | | | | | | | | | | | | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|-----------|--------------------------|-----|--------------------------|-----------------------------------|--------------------------|------------|--------------------------|--------|--------------------------|
| Minor through Guardian | <input type="checkbox"/> | Lunatic Through Guardian | <input type="checkbox"/> | Blind/Physically Handicapped/Illiterate through agent | <input type="checkbox"/> | Pensioner | <input type="checkbox"/> | BPL | <input type="checkbox"/> | Beneficiary of any Welfare Scheme | <input type="checkbox"/> | Sanchayaka | <input type="checkbox"/> | Others | <input type="checkbox"/> |
|------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|-----------|--------------------------|-----|--------------------------|-----------------------------------|--------------------------|------------|--------------------------|--------|--------------------------|

8. In case of minor/Lunatic Account, please fill the following:-

| Name of Guardian | Residential Address | Relationship with minor |
|------------------|---------------------|-------------------------|
| | | |

9. In case of other than Minor/Lunatic, please fill the following:-

| | |
|--|--|
| Name of Sanchayika/Government Welfare Scheme | |
| PPO/BPL/Registration/Enrollment No. | |

10. Details about AADHAR:-

| | |
|---|--|
| UIDAI Aadhaar Number | |
| UIDAI Aadhaar Number of Guardian (in case of minor/lunatic account) | |

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

| Type of Document Document No. Valid up to (if any) | Photo ID Applicant | | | Address Proof Applicant | | |
|--|--------------------|-----------------|-----------------|-------------------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd | 1 st | 2 nd | 3 rd |
| | | | | | | |

***12. Detail of First deposit**

| | | | |
|---------------------------------|--------------------------------------|---------------|--------------------------|
| Mode of deposit (Tick✓ any one) | Amount Rs.(figures).....(words)..... | | |
| Cash | | | |
| Cheque/DD | Cheque/DD No. | Date of issue | Name of Bank/Post Office |
| Transfer | Transfer Account No. | CIF ID | Name of Bank/Post Office |
| SBMO | | | |
| Postal Orders | | | |

***13. Amount of Monthly Installment (In case of RD Account)**

| |
|---------------------------------------|
| Rs. (in figures)..... (in words)..... |
|---------------------------------------|

14. In case of Certificates:- Please issue certificates as detailed below:-

| Denomination (Rs.) | No. of Certificates | Detail of Certificates issued (to be entered by Post Office) |
|--------------------|---------------------|--|
| 100 | | |
| 500 | | |
| 1000 | | |
| 5000 | | |
| 10000 | | |

15. In case services of SAS/PPF/MPKBY Agent are taken

| |
|--|
| I/We are using the services of SAS/PPF/MPKBY Agent (name)..... |
| Authority No..... Valid up to..... |
| Received Passbook/Certificates on behalf of depositor |
| Signature of Agent with date |

16. Standing Instructions

| |
|--|
| Please credit my monthly/Quarterly/Yearly interest into following account(in case of MIS/SCSS/TD accounts):- |
| Savings Account No.....Standing at.....PO/Bank. |
| Please debit my following account for credit of my RD installment monthly/half yearly/yearly:- |
| Savings Account No.....Standing at.....PO/Bank |

17. 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) |
|------------------------------|----------------------------------|---------------------|--|
| | | | |
| | | | |
| | | | |

Signature of witness in case depositor wish to make nomination

.....
Name & Address of witness.....

.....
*Mandatory Fields to be filled by customer.

18. Other Information

Monthly Income (Rs.) (Tick✓ any one)

| | | | | | |
|--------------|------------|-------------|-------------|-------------|---------------|
| Up to 5000/- | 5001-10000 | 10001-20000 | 20001-50000 | 50001-1 lac | Above one lac |
|--------------|------------|-------------|-------------|-------------|---------------|

Occupation (Tick✓ any one)

| | | | | | | | |
|----------|---------------|----------|---------|---------|-----------|-------------|--------|
| Salaried | Self employed | Business | Retired | Student | Pensioner | Agriculture | Others |
|----------|---------------|----------|---------|---------|-----------|-------------|--------|

Account open mode (Tick✓ any one)

| | | | |
|--------|---------------------|------------------|-------------|
| Normal | Without Cheque Book | With cheque book | Welcome Kit |
|--------|---------------------|------------------|-------------|

Documents attached (Tick✓ relevant columns)

| | | | | | | | |
|-----------|----------|---------------|-----------------|---------|---------|----------|----------|
| Age proof | Photo ID | Address Proof | Source of funds | Form 60 | Form 61 | Form 15G | Form 15H |
|-----------|----------|---------------|-----------------|---------|---------|----------|----------|

Facilities required (Tick✓ relevant columns)

| | | | | |
|------------------|--------------------|---------------|---------------|--------------|
| Internet Banking | Viewing rights | Applicant (1) | Applicant (2) | Applicant(3) |
| | Transaction rights | Applicant (1) | Applicant (2) | Applicant(3) |

| | | | |
|----------------------|--------------------|----------------|------------|
| Tick✓ relevant Box:- | ATM cum Debit Card | Mobile banking | SMS Alerts |
|----------------------|--------------------|----------------|------------|

For ATM cum Debit Card (fill relevant line)

| Applicant No. | Short name | Preferred name | Name as would appear on the card(Capital Letters) |
|---------------|------------|----------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Mother's maiden (initial) name

For Mobile Banking/SMS Alerts

For statement

| | |
|------------|----------|
| Mobile No. | Email ID |
|------------|----------|

| | Signature or Thumb Impression | Recent Photograph |
|---|-------------------------------|-------------------|
| Applicant (1) Or Guardian (in case of Minor or Lunatic Account) | 8.2 cm | 4.4 cm |
| Applicant (2) Or Operating agent (in case of Blind/Physically Handicapped/Illiterate depositors operating through agent) | | 4.4 cm |
| Applicant (3) | 6.1 cm | 4.4 cm |
| | 14.3 cm | |

14 cm

Declarations (Tick√ the relevant bullet)

- 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 (amended from time to time) governing the accounts 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/We will not open more than one savings account in one post office. I/We will furnish on demand from the Post Office Savings Bank, particulars of all such accounts irrespective of the location of post office where these accounts are/were opened.
- I/We also declare that I/we have not exceeded the prescribed maximum limit of investment for an individual while investing in various MIA/SCSS accounts in different post offices.

Note:-For the purpose of maximum limit in MIA, the depositor’s share in the balance of a joint account shall be taken as one half or one third of such balance according as the account is held by two or three adults.

- I/we shall adhere to the ceiling on deposits, taking the deposits in all the accounts opened by me/us together, as specified in rule 4 and amended from time to time. In case, at any time, any excess deposit is found, such excess deposit will be refunded to me/us after recovery of excess interest paid if any under the rules.
- For any transaction occurred through my cheque-book/Passbook/ATM cum Debit card/Internet/Mobile Banking, I/We shall be fully responsible.
- I/we am/are legal guardian of the minor/lunatic and copy of the orders of the competent court is attached.

For PPF

- I hereby declare that I/we have clearly understood the PPF Scheme Rules, 1968 governing the accounts under the said scheme, as amended from time to time (hereinafter referred to as the said rules) and shall abide by such rules framed by the Central Government as may be applicable to the account from time to time.*
- I hereby declared that I am not maintaining any other Public Provident Fund Account.
- I hereby declared that I am not maintaining any other Public Provident Fund Account except an account on behalf of a minor.
- I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time, which is Rs. 1.00,000/- in a financial year at present, in my individual self account and accounts opened on behalf of minor(s) of whom I am a guardian. In case, at any time, the above said declaration is found untrue/false, no interest shall be payable to me/ the subscriber on the amount of deposits found in excess of the prescribed limit.

For NSC

- I/We hereby agree to abide by National Savings Certificates (VIII Issue) Rules, 1989 or (IX Issue) Rules 2011 (amended from time to time).

Authorization

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

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

Signature of BPM Signature of SPM Signature of Postmaster

.....Please Cut from Here and paste in Register(Only for Literate Customers).....

| Date of Opening of Account (to be filled by Applicant) | Account/Registration No. (to be filled by Post Office) | Sl.No. | Specimen Signature {to be filled by the applicant(s)} |
|---|---|--------|---|
| | | 1 | |
| | | 2 | |
| | | 3 | |