

**POST OFFICE SAVINGS BANK**

AOF

**ACCOUNT OPENING/PURCHASE OF CERTIFICATE APPLICATION FORM FOR INDIVIDUALS**

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

**For Applicant(s)**  
 \*1. I/We request you to open \_\_\_\_\_ Saving (with/without cheque book)/Basic Savings/RD/1/2/3/5 Years TD/MIS/SCSS/PPF/SSA or issue NSC (8th/9th issue) or KVP in my/our name (s).

\*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					
2					
3					

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

**\*4. Residential Address**

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

\*5. Applicant's Date of Birth (dd/mm/yy)      PAN Number or Form 60/61      CIF ID (if already exists)

1			
2			
3			

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

Single/Self	Either or Survivor (Joint-B)	Jointly (Joint-A)	Through literate agent
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\*7. Detail of Know Your Customer (KYC) documents submitted:-

	Photo ID Applicant			Address Proof Applicant		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Type of Document						
Document No.						
Valid up to (if any)						

\*8. Detail of First deposit:- Amount Rs.(figures) \_\_\_\_\_.(words) \_\_\_\_\_  
 Mode of Deposit \_\_\_\_\_

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)

Signature of witness in case depositor wish to make nomination

Name & Address of witness \_\_\_\_\_

\*Mandatory Fields to be filled by customer.

10. AADHAR NUMBER:-

11. Please open, Minor A/C through Guardian/Lunatic Account through Guardian/Blind/Physically Handicapped/Illiterate through Agent/Pensioner/BPL/SB Basic Savings Account/Sanchayika Account/Others \_\_\_\_\_

12. In case of minor/Lunatic Account, please fill Name of Minor/Lunatic and his/her Relationship with Guardian \_\_\_\_\_

13. In case of other than Minor/Lunatic, please enter Name of Sanchayika/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 services of SAS/PPF/MPKBY Agent are taken:- Name of Agent \_\_\_\_\_ Authority No. \_\_\_\_\_ Valid Up to \_\_\_\_\_

16. Standing Instructions if any :- \_\_\_\_\_

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

18. Received Certificate(s) \_\_\_\_\_ Signature of investor/messenger/Authorized agent

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 Samriddhi 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✓ 1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Space for affixing photo of applicants/in case of SCSS Joint Account, please affix joint photograph of both spouses		

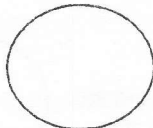
All Fields to be entered into system by Counter PA.

**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 serial numbers of NSC(s)/KVP(S) issued (in case of NSC/KVP Application):-

Serial Nos.of certificates	Denomination	Date of issue	Date of encashment

Signature of BPM  
Date Stamp



Signature of Sub/ Head Postmaster  
Date Stamp

