



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

(AOF)

Post Office		Tran-ID		SOL ID		Date of Maturity	
Account Number				CIF-ID (1)			
CIF-ID (2)				CIF-ID (3)			

Instructions: i. Please tick (V) the appropriate box, ii) Use CAPITAL LETTERS only while filling in the application form and iii) Submit the self-attested copies of the Documents.

To
 The Postmaster

Madam/Sir,

Paste photograph
of applicant/s

Paste photograph
of applicant/s

Paste photograph
of applicant/s

I/We(Applicant/ guardian) hereby apply for opening of an account under(Savings/RD/ 1,2,3,5 Years TD/MIS/SCSS/PPF/SSA/KVP/NSC VIIIth Issue) scheme in your Post office in my/our name(s)/in the name of minor or person of unsound mind.

- (i) Cheque Book required (for Post Office Savings Account) Yes No.
 (ii) Account Holder Type :- Self Minor through Guardian Person of unsound mind through guardian.
 (iii) Account Type:- Single Either or Survivor (Joint B) All or Survivor(s) (Joint A)

1. In case of account opened in the name Minor/ Person of unsound mind.

Name of Minor/ Person of unsound mind	Date of Birth(DD/MM /YYYY) and in words	Gender (M/F/O)	Name of Guardian, Relationship and status – Natural or Legal
1.			
2.	Details of proof of age of minor along with its date of Issue and Issuing Authority (In case of SSA A/c Birth Certificate is mandatory)		

2. I/We tender herewith Rs...../-(Rs.....(In words) in cash/DD/Cheque No..... date..... as initial deposit. My/Our particulars are as under:-

Particulars	1 st Applicant	2 nd Applicant	3 rd Applicant
Name of the Applicant/ Guardian			
Name of Husband/ Father/ Mother			
Gender (M/F/O)			
Date of Birth (DD/MM/YYYY) and In words (mandatory)			
Aadhaar Number			
PAN Number*			
CIF ID (existing A/Cs holders)			
Present Address:- House/Locality/Village & Post Office/City/District/ State/Pin Code			
Permanent Address:- House/Locality/Village & Post Office/ City/ District/ State/Pin Code			
Telephone No./Mobile No.*			
E-mail ID			
ID Proof (Document No./Date of Issue/ Issuing Authority)			
Address Proof (Document No./Date of Issue/ Issuing Authority)			
For SCSS Account details of proof of age (Doc. No., issue Date and Issuing Authority)			

(If Aadhaar Card details are not provided, any of the following documents can be accepted as valid documents for the purpose of identification and address proof) :-
 1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by NREGA signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address.

Specimen Signatures

1..... 1..... 1.....
 2..... 2..... 2.....
 3..... 3..... 3.....
 Name:-.....Name:-.....Name:-.....

3. Declarations

General:- (1) I/We hereby undertake to abide by the scheme provisions and Government Savings Promotion Rules, 2018 applicable on the Scheme and amendments issued thereto from time to time.

(Details available at <https://www.indiapost.gov.in/VAS/Pages/RTI/RTI-Manual-5.aspx>)

(2) I/We further declare that I/We/Minor/person of unsound mind is/are Resident citizen of India and undertake to inform the account office of any change in My/our residency/citizenship status in future.

(3) I hereby agree that account will be operated by me till account holder attained age of 18 years and thereafter, account holder will operate the account. (In case of SSA and Minor Account opened through Guardian).

(4) In case services of SAS/MPKBY Agent are taken: -

Name of Agent Authority No.....Date of validity.....

(5) Standing Instruction (i.e. MIS to SB, SB to RD etc.) if any.....

SSA :- I hereby declare that no other account has been opened under Sukanya Samridhi Account in the name of the depositor in any of the Post office/Bank in the country.

PPF :- (1) I hereby declare that no other account has been opened under Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

(2) I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors as per provision of the scheme and any deposit in excess of the ceiling will be treated as in contravention to the Scheme provisions.

MIS/SCSS :- I/We hereby declare details of my/Our existing accounts* as on today under "National Savings Monthly Income Account/ Senior Citizen Savings Scheme" in any of the Post Office/Bank in the country.

Sl.No.	Name of Scheme (MIS or SCSS)	Date of opening of account	Amount deposited	Customer Identification Number (CIF No.)	Account Number	Name of Post Office/Bank
1						
2						

*If number of accounts is more, details of all accounts should be filled and attached as annexure duly signed.

Please tick (✓) the appropriate box

Date:-

Signature or thumb impression of Applicant(s)/Guardian

4. Nomination

I/We.....hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in(Name of Scheme) at the time of my death would be payable.

S.No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominee (optional)	Date of birth of nominee in case of minor nominee	Share of entitlement	Nature of entitlement Trustee or owner
1						
2						
3						
4						

As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I/We appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....

Address.....to

receive the sum due under the said account in the event of my/Our death during the minority of the nominee(s).

(In case, applicant(s) is/are illiterate)

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Place:

Date:

Signature or thumb impression of Applicant(s)/Guardian

FOR USE OF POST OFFICE

I have carefully examined this application and Identification as well as address proof documents submitted. Opening of account is approved.

Account has been opened in the name of.....with Rs.....on..... (Date) underscheme vide A/c No. dated

Nomination registration details:-

Date Stamp	Signature of GDS Branch Post Master Name Stamp of EDBO	Date Stamp	Signature of Sub/Asst./Head Post Master Designation stamp
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**POST OFFICE SAVINGS BANK
NEW/CHANGE KYC (Know Your Customer) Form (to be sent to CPC)**

	<u>Signature</u>	<u>Recent Photograph</u>
Applicant (1) Name:- CIF ID No. Account/Registration No.	(1)	
	(2)	
Applicant (2) Name:- CIF ID No. Account/Registration No.	(1)	
	(2)	
Applicant (3) Name:- CIF ID No. Account/Registration No.	(1)	
	(2)	

Please fill all the information below in case of new account and only relevant information in case of Change in KYC

Name (in capital letters)			
Flat/House No.		Locality	
Road		Landmark	
City		PIN	
State		Country	
Tel (Off)		Tel (Res)	
Mobile No		E Mail ID	

I hereby submit photo copy of the following documents (self-attested) for the proof of –

Proof of Identity (doc. type & no.)	
Proof of address (doc. type & no.)	

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb Impression:- 1st Applicant
(In case of joint a/c holders all applicants have to sign)

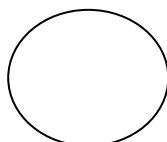
2nd Applicant

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
Date:



Signature of SPM

Signature of Postmaster

Date Stamp:-

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number or general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the Income Tax Act, 1962.

1. Full Name and Address of the declarant
.....
.....
.....

2. Particulars of transaction
Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax ? Yes / No

5. If yes,
i) Details of Ward / Circle / Range where the last return of income was filed.
ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)
.....

Verification

I, do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date
Place

.....
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.