



FORM-16

To be issued by transferor account office

To

The Branch Manager/Post Master

_____ (Name of Account Office)

_____ (Address)

Subject:- Transfer of _____ (Name of Scheme) account number _____ in the name of _____ (Name of account holder/s).

Sir,

It is certified that the account opening form for account No. _____ of _____ (Name of Scheme) was maintained by this office with the following details:

1. Name of Account holder;
2. Name of Joint Holder(s) if any;
3. Address;
4. Scheme Name;
5. Account Number;
6. Date of opening;
7. Date of extension/s, opted by the account holder; and
8. Name of nominee/s

It is further certified that the account opening form is not traceable and the transferee account office may obtain new account opening form along with prescribed identification document.

Yours faithfully,

(Branch Manager/Post Master)

Name of Bank/Post Office." .