FORM -2

Application for extension of account

To,
The Postmaster/Manager
……
……

Sir,

1. I/we_____am/are account holders in Account Number_____under Senior Citizen Savings Scheme in your office. The said account was opened on_____and has maturedon_____for payment. I/We hereby request for extension of the account for a further period of three years (as per scheme rule) from the date of maturity of the above said account.

2. I/We have understood the terms and conditions applicable to the account during the period of extension under the said scheme as amended from time to time and shall abide by them.

3. I/we continues to be resident citizen/s of India on the date of commencement of block period of three years.

Date Signature of the account holder/s

Place (Name and address)

For the use of Accounts Office

The account no……. which was opened on …….. withRs……. (Rupees……..) under_____(Name of scheme) and matured on ……, has been extended for a period of _____ years with effect from …….. to …….under rule.....of the.....scheme.

Necessary entries have been made in the records and pass book/deposit receipt/ statement of account.

Date Signature of Postmaster/Manager

Seal