

FORM -1
Application for opening an account

To
The Postmaster/Manager

Paste photograph of applicant/s

Sir,

I/We(Applicant/s) hereby apply for opening of an account under Senior Citizen Savings Scheme in your Post Office/Bank.

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

1. Name of First Account holder

.....
Husband/Father /mother's name or Guardian appointed by Court

.....
Date of Birth

.....
(DD / MM / YYYY)

(In words).....

2. Name of Second Account holder (spouse only)

.....
Husband/Father /mother's name

.....
Date of Birth

.....
(DD / MM / YYYY)

(In words).....

3. Aadhar Number (a) of first account holder

(b) of second account holder

4. Permanent Account Number (PAN) (a) of first account holder

(b) of second account holder

5. Present Address

Permanent Address

6. Contact details

Telephone Number.....

Mobile Number.....

Email ID.....

Internal

7. Type of Account

Single or Joint

8. Details of proof of date of Birth of account holder/s

.....

a) Certificate No.

.....

b) Date of Issue

.....

c) Issuing authority

.....

9. Details of other KYC documents attached 1. Proof of identification

.....

2. Address proof

.....

(The following documents are accepted as officially valid documents for the purpose of identification and address proof: 1. Passport 2. Driving license 3. Voter's IDcard 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;

1. Specimen Signatures

1.....2.....3.,.....
(Name).....

1.....2.....3.,.....
(Name).....

I declare that I/we are Resident citizen of India and undertake to inform the account office of any change in our residency/citizenship status in future.

I 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 of my/our other accounts under the Scheme are as under:

S.No.	Name of Scheme	Date of opening of account	Amount deposited	Customer Identification Number	Account number	Name of Post office/Bank
1.	Senior Citizen Savings Scheme (SCSS)					

Signature or thumb impression of guardian

Date:.....

Internal

Nomination

10. 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	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 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 death during the minority of the nominee(s).

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Signature or thumb impression of account holder/s

Place:

Date:

For use of Post Office/Bank

The account has been opened in the name of.....on.....with initial deposit of Rs.....under.....(name of the scheme) vide Account No. dated Customer identification Number.....

Nomination has been registered vide No.....dated.....

Signature and seal of competent authority.

Internal

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 matured on _____ 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 with Rs.....
(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

Internal

FORM -3

Application for premature closure of account

To,
The Postmaster/Manager

.....
.....

Sir,

1. I/we wish to prematurely close my/our Account No. _____
having balance of _____ (Rupees _____ Only)
opened under Senior Citizen Savings Scheme and request you to pay the amount after
deduction of applicable penalty, as per details given below:-

Please Credit the amount to my SB Account no. _____
standing at _____ (Name of Account office).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit)

3. I/We hereby declare that the conditions under which the account can be closed
before maturity under Senior Citizen Savings Scheme have been complied with.
Necessary documents as applicable are attached as under:-

- 1.
- 2.

Date:- _____ Signature or thumb impression of account holder/s

(Thumb impression of the depositor should be attested by a person known to the accounts
office)

For office use only

Payment detail

Eligible balance in Account ` . _____

Less Penalty amount ` . _____

Total Amount to be paid ` . _____ (In figures)

(In words) _____

Internal

Date Stamp

Signature of Postmaster/Manager

Acquittance

(to be filled by account holder/ messenger)

Received Rs . _____ (In figures) _____ (in words) By
cash/cheque/DD bearing No.) _____ dated _____ /by transfer to
Account No _____.

Date

Signature/thumb impression of Depositor/s

Internal

FORM -4

Application for closure of account

Name of Post Office/Bank _____

Date _____

Account Number _____

1. I/we hereby submit pass book/deposit receipt and apply for closure of my/our above mentioned account matured on _____.

2. Please Credit the amount of eligible balance in my matured account to my SB Account no. _____ standing at _____ (Name of Account office).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit).

Signature or thumb impression of account holder/s

(Thumb impression should be attested by a person known to Accounts office)

Payment Order

(For office use only)

Date

Payment detail

Principal amount Rs. _____

Internal

(+) Interest due Rs. _____

(-) Recovery of overpaid interest Rs. _____

Deduction if any Rs _____

Total Amount due Rs _____

Pay Rs. _____ (in figures) _____ (in words)

Date

Signature of Postmaster/Manager

Acquittance

(to be filled by depositor)

Received Rs . _____ (In figures) _____ (in words) By
cash/cheque/DD bearing no.....dated...../by
transfer to Account No.....

Date
holder/s

Signature/thumb impression of account

Internal