

## FORM -1

### Application for opening an account

To  
The Postmaster/Manager

.....  
.....

Paste photograph of applicant/s

Sir,

I .....(Applicant/guardian) hereby apply for opening of an account  
under .....(Name of the scheme in your Post  
Office/Bank.

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

1. Name of the Depositor

.....  
Date of Birth .....  
(DD / MM / YYYY )  
(In  
words).....

2. Name of Guardian .....  
Husband/Father /mother's name

.....  
Date of Birth .....  
(DD / MM / YYYY )  
(In  
words).....

3. Aadhar Number of guardian

.....

4. Permanent Account Number (PAN) of guardian

.....

5. Present Address

.....  
.....  
.....

Permanent Address

.....  
.....

6. Contact details

Telephone Number.....

Mobile  
Number.....  
Email  
ID.....  
..

7. Type of Account Minor

8. (\*)Details of Birth Certificate of the depositor

.....

- 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;

10. The operation of the account will be:- (a) By the Guardian till the depositor attains majority.  
(b) By the depositor herself on attaining majority,

11. Specimen Signatures

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

I hereby declare that I have not opened a SukanyaSamriddhi Account in the name of the depositor mentioned at serial number 1 in any of the Post office/Bank in the country.

I further declare that I and the depositor both 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.

Signature or thumb impression of guardian

Date:.....

### Nomination

17. I.....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) | Aadhar 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 guardian

Place:  
Date:

### For use of Post Office/Bank

The account has been opened in the name  
of.....on.....with initial deposit

ofRs..... with Account No. ....  
dated .....

Customer identification Number.....

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

Signature and seal of competent authority.

## FORM -2

### Application for Withdrawal

To,  
The Postmaster/Manager

.....  
.....

Sir,

I .....(Depositor/guardian) hereby  
apply for withdrawal from my account as per details below:-

Account Number:.....

Amount of withdrawal applied.....

\*Certified, that the amount sought to be withdrawn to be availed is required for the  
use of .....who is alive and still a Minor.

2. Please Credit the amount of withdrawal 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 of cash payment).

3. I certify that all the conditions applicable under scheme for grant of withdrawal have  
been complied with.

Necessary documents as applicable are attached as under:-

- 1.
- 2.

Date:- .....

Signature or thumb impression of depositor/guardian

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Attested

By .....

(Attestation is applicable in case of thumb impression)

**For office use only**

Payment detail

Amount available in Account Rs . \_\_\_\_\_

Date of Initial Subscription \_\_\_\_\_

Date on which last withdrawal was allowed \_\_\_\_\_

Total Amount granted for withdrawal Rs . \_\_\_\_\_ (In figures)

(In words) \_\_\_\_\_

Date Stamp

Signature of Postmaster/Manager

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**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

Signature/thumb impression of depositor/guardian

**FORM -3**

**Application for premature closure of account**

To,  
The Postmaster/Manager

.....  
.....

Sir,

1. I wish to prematurely close my Account No \_\_\_\_\_ having balance of \_\_\_\_\_ (Rupees \_\_\_\_\_ Only) and request you to pay the amount after deduction of applicable penalty as per details given below:-

2. 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 hereby declare that the provisions under which the account can be closed before maturity have been complied with.

Necessary documents as applicable are attached as under:-

- 1.
- 2.

\*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of .....who is alive and still a Minor.

Date:- \_\_\_\_\_ Signature or thumb impression of depositor/guardian

.....  
(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) \_\_\_\_\_

Date Stamp

Signature of Postmaster/Manager

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### **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/guardian



**FORM -4**

**Application for closure of account**

Name of Post Office/Bank \_\_\_\_\_  
Date \_\_\_\_\_

Account Number \_\_\_\_\_

1. I hereby submit pass book/deposit receipt book and apply for closure of my above mentioned account.

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).

\*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of .....who is alive and still a Minor.

Signature or thumb impression of depositor/guardian

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

**Payment Order**

(For office use only)

Date .....

**Payment detail**

Principal amount Rs. \_\_\_\_\_

(+) 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

Signature/thumb impression of depositor/guardian