

FORM -1

Application for opening an account

To
The Postmaster/Manager

Paste photograph of applicant/s

Sir,

I(account holder/guardian) hereby apply for opening of an account under Public Provident Fund Scheme.

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

1. Name of account holder

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

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

2. Name of minor account holder

.....
Father /mother's name or the guardian

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

3. Aadhar Number of account holder/guardian

.....

4. Permanent Account Number (PAN) of account holder /guardian

.....

5. Present Address

.....
.....

Permanent Address

.....
.....

6. Contact details

Telephone Number.....

Mobile Number.....

Email ID.....

Internal

7. Type of Account

Single or through Guardian for Minor or person of unsound mind or blind or differently abled through authorized person.

8. (*)Details of date of birth proof
(Applicable in case of minor account)

- a) Certificate No.
b) Date of Issue
c) Issuing authority

9. (*) Name of Guardian (Natural/Legal)
(In case the account is opened on behalf of a Minor/person of unsound mind)

10.Details of other KYC documents attached 1. Proof of identification
2. Address proof

11.(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 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);

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

12. Specimen Signatures

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

I hereby declare that I have not opened a Public Provident Fund Account in the name of the myself/minor mentioned at serial number 1 in any of the Post office/Bank in the country.

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 paragraph 4 and any deposit in excess of the ceiling will be treated as in contravention to the Scheme.

I further declare that I and the minor 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 account holder /guardian

Date:.....

Internal

Nomination

13. 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 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 or 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.....

Internal

Signature and seal of competent authority.

FORM -2

Application for Loan/Withdrawal

To,
The Postmaster/Manager

.....
.....

Sir,

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

Account Number:.....

Amount of Loan/withdrawal applied.....

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

2. Please Credit the amount of loan/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 provisions applicable under scheme for grant of withdrawal/loan have been complied with.

Necessary documents as applicable are attached as under:-

- 1.
- 2.

Date:- _____

Signature or thumb impression of account holder/guardian

----- Attested By _____

(Attestation is applicable in case of thumb impression)

Internal

For office use only

Payment detail

Amount available in Account Rs . _____

Date of Initial Subscription _____

Date on which last withdrawal/loan was allowed _____

Total Amount granted for withdrawal/loan Rs . _____ (In figures)

(In words) _____

Date Stamp

Signature of Postmaster/Manager

Acquittance

(to be filled by account holder)

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

Date

Signature/thumb impression of account holder/guardian

Internal

FORM -3

Application for extension of account

To,
The Postmaster/Manager

.....
.....

Sir,

1. My PPF account number _____ has matured on _____.
2. I request for extension of my PPF account number _____ for a further block period of five years.
3. I 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.

I hereby declare that I, and the minor(in case of minor account) continues to be Resident Citizen of India at the time of commencement of the block period of five years.

Date

Signature of the account holder/guardian

Place

(Name and address)

For the use of Accounts Office

The account no..... which was opened on withRs.....
(Rupees.....) and matured on, has been extended
for a period of _____ years with effect from tounder 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 -4

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:-

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)

2. 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 ofwho is alive and still a Minor.

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

Internal

(In words)_____

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 account holder/guardian

FORM -5

Application for closure of account

Name of Post Office/Bank _____

Date _____

Account Number _____

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

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

Signature or thumb impression of account holder/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. _____

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/guardian

Signature/thumb impression of account

Internal