

FORM -1

Application for opening an account

To
The Postmaster/Manager

Paste photograph of applicant/s

Sir,

I/We(account holder(s)/guardian) hereby apply for opening of an account under KisanVikas Patra 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 Depositor

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

Date of Birth

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

(In words).....

2. Name of Second Depositor

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

Date of Birth

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

(In words).....

3. Name of Third Depositor

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

Date of Birth

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

(In words).....

4. Name of minor/person of unsound mind account holder

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

Date of Birth

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

(In words).....

5. Aadhar Number of account holder(s)

.....

6. Permanent Account Number (PAN) of account holder(s)

.....

7. Present Address

.....

.....
Permanent Address

8. Contact details

Telephone Number.....

Mobile Number.....

Email ID.....

9. Type of Account

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

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

a) Certificate No.

b) Date of Issue

c) Issuing authority

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

12. 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 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;

13. The operation of the account will be:-
holder/s.

(a) By all the holders together or the surviving

(In case of joint account)

(b) By either of the holder/s, or the surviving depositor/s,

14. My/our specimen Signatures

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

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

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

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

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(s)/guardian

Date:.....

Nomination

16. 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 KisanVikas Patra 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)/guardian

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.

FORM -2

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 KisanVikas Patra 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 the KisanVikas Patra Scheme have been complied with.

*Certified, that the amount held in the account is required for the use of
.....who is alive and still a Minor.

Date:- _____
holder(s)/guardian

Signature or thumb impression of account

(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

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(s)/guardian

FORM -3

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).

*Certified, that the amount held in the account is required for the use ofwho is alive and still a Minor.

Signature or thumb impression of account holder(s)/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
holder(s)/guardian

Signature/thumb impression of account

FORM -4

Application for pledging of account

To

The Postmaster/Manager

.....

Sir,

1. I/We am/are required to deposit an amount of Rs. as security with (official designation of the gazetted officer of the Government or name of the Reserve Bank of India or a Scheduled Bank, Cooperative Bank, Registered Cooperative Society, Corporation, A Government Company or Local Authority). I/We therefore request you to transfer the deposit in Account Number under KisanVikas Patra Scheme as security in favour of (Official Designation of the Officer or name of the Branch etc to whom the Account is being pledged as security.)

2. I/We agree that the account(s) can be encashed by the pledgee when the security has been forfeited. Nomination vide registration number.....in the account stands cancelled.

Particulars of Account

Account number	Date	Name of Account office	Amount

The authority mentioned above has agreed to accept the pledge. A pledge acceptance duly signed by the competent authority as pledgee is attached.

Dated :
holder(s)/guardian

Signature of account

Address

For office use only

Account number has been pledged vide registration no.....dated..... and necessary entries have been marked in the record. Passbook/deposit receipt/statement of account has also been marked with pledge and returned to the account holder.

Signature of Post Master/Manager

Seal