

**POST OFFICE SAVINGS BANK**  
**ACCOUNT OPENING/PURCHASE OF CERTIFICATE APPLICATION FORM FOR INDIVIDUALS**

<b>For Office Use</b>			
Post Office:	Date:	SOL ID:	
Account/Registration No.	CIFID(1)		
	CIFID(2)      CIFID(3)		

**For Applicant(s)**

\*1. I/We request you to open:- Savings/Basic Savings/RD/TD \_\_\_\_\_ Year//MIS/SCSS/PPF/SSA or issue NSC(8<sup>th</sup>/9<sup>th</sup> issue) or KVP in my/our name.

\*2. Full Name of applicant/Guardian (in case of minor/Lunatic A/C), in CAPITAL Letters (leave space between words)  
 Mr./Mrs./Ms./Other      First Name      Middle Name      Last name      Gender ( M/F )

1		
2		
3		

\*3. Full Name of father/husband/Mother, in CAPITAL Letters

**\*4. Residential Address**

	First Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Flat No./Bldg. name			
Street/Road/Locality/Village			
Tehsil/Post Office			
City and District			
State			
Pin Code			
Tel./Mobile No.(optional)			
Email (optional)			

\*5. Applicant's Date of Birth (dd/mm/yy)      PAN Number or Form 60/61)      CIF ID (if already exists)

1		
2		
3		

**\*6. Operating Instruction (please tick √ the empty box)**

Single/Self	Either or Survivor (Joint-B)	Jointly (Joint-A)	Through literate agent	
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**\*7. Detail of Know Your Customer (KYC) documents submitted:-**

	Photo ID			Address Proof		
	Applicant			Applicant		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Type of Document						
Document No.						
Valid up to (if any)						

\*8. Detail of First deposit:- Amount Rs.(figures) \_\_\_\_\_ .(words)  
 Mode of Deposit

9. Nomination:- I/We nominate the person(s) named below under Section 4 of the Government Savings Bank Act, 1873 (5 of 1873) to be the sole recipient (s) of the amount standing at the credit of the account in the event of my/our death.

Name & address of nominee(s)	Date of Birth (in case of minor)	Share of nomination	Name & address of person who may receive the said amount during the minority of the nominee(s)

Signature of witness in case depositor wish to make nomination

Name & Address of witness \_\_\_\_\_

\*Mandatory Fields to be filled by customer.

10. AADHAR NUMBER:- \_\_\_\_\_

11. Please open Minor A/C through Guardian/Lunatic Account through Guardian/Blind/Physically Handicapped/Illiterate through Agent/Pensioner/BPL/SB Basic Savings Account/Sanchayaka Account/Others \_\_\_\_\_

12. In case of minor/Lunatic Account, please fill Name of Guardian, his Residential Address and Relationship with Minor \_\_\_\_\_

13. In case of other than Minor/Lunatic, please enter Name of Sanchayaka/Government Welfare Scheme and PPO/BPL/Registration/Enrollment number:- \_\_\_\_\_

14. Amount of Monthly Installment (In case of RD Account):-Rs.(in figures) \_\_\_\_\_ (in words) \_\_\_\_\_

15. In case of NSC/KVP:- Please issue (No. of NSC/KVP & Den.) \_\_\_\_\_

16. In case services of SAS/PPF/MPKBY Agent are taken:- Name of Agent \_\_\_\_\_ Authority No. \_\_\_\_\_ Valid Up to \_\_\_\_\_

17. Standing Instructions if any :- \_\_\_\_\_

18. I/We authorize Agent (name) \_\_\_\_\_ to receive Passbook/Certificates on my/our behalf.

Declarations

I/We hereby declare that I/We have clearly understood POSB General Rules 1981 and Post Office Savings Account Rules 1981/ Post Office Recurring Deposit Rules 1981/ Post Office Time Deposit Rules 1981/ Monthly Income Account Rules 1987/ Senior Citizens Savings Scheme Rules, 2004 and Sukanya Samriddhi Account Rules 2014, PPF Rules 1968, NSC(VIII) and (XI) issue Rules, KVP Rules (amended from time to time) governing the accounts/Certificates under this scheme and to abide by such rules framed by the Central Government as may be applicable to the account from time to time. I hereby declare that I am not maintaining any other Public Provident Fund Account and I will not exceed maximum deposit limit fixed from time to time in self as well as my minor accounts (combining all accounts) where I am a guardian.

DATE:

Signature/Thumb Impression:-  
1<sup>st</sup> Applicant

2<sup>nd</sup> Applicant

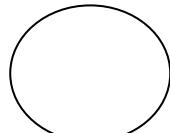
3<sup>rd</sup> Applicant

Space for affixing photo of applicants

**For Office Use only**

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with. Following numbers of NSC/KVP issued (in case of NSC/KVP Application):- \_\_\_\_\_

Signature of BPM  
Date Stamp



Signature of SPM

Signature of Postmaster

**POST OFFICE SAVINGS BANK**  
**NEW/CHANGE KYC ( Know Your Customer) Form (to be sent to CPC)**

**Please fill all the information below in case of new account and only relevant information in case of Change in KYC**

Please fill in the information below in case of new account and only relevant information in case of change in A/C			
<b>Name (in capital letters)</b>			
<b>Flat/House No.</b>		<b>Locality</b>	
<b>Road</b>		<b>Landmark</b>	
<b>City</b>		<b>PIN</b>	
<b>State</b>		<b>Country</b>	
<b>Tel (Off)</b>		<b>Tel (Res)</b>	
<b>Mobile No</b>		<b>E Mail ID</b>	

**I hereby submit photo copy of the following documents (self-attested) for the proof of –**

<b>Proof of Identity (doc. type &amp; no.)</b>	
<b>Proof of address (doc. type &amp; no.)</b>	

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

**Signature/Thumb Impression:-**

### 1<sup>st</sup> Applicant

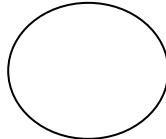
## 2<sup>nd</sup> Applicant

### 3<sup>rd</sup> Applicant

**For Office Use only**

**Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.**

**Signature of BPM  
Date:**



### Signature of SPM

**Signature of Postmaster**

Date Stamp:-