

**FORM-A**

(See clause (d) of rule 2 and sub rule (1) of rule 3)

Serial No.....

**APPLICATION FOR OPENING OF AN ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004**

**TO**

**The Postmaster/Incharge**

.....(name of the Deposit office)

.....

.....

Paste here a copy of

recent

photograph.

(Joint Photograph of both the Depositor & Spouse in case of a joint account)

**\* Name of Agent** (in case of the account introduced through agent).....

Agency Code No.....Dated.....valid upto.....

**PAN No. (of applicant)**.....\*\*.

Sir,

1. I, ....., son/daughter/wife of....., a permanent resident of....., aged.....years, hereby apply for opening of an account under the Senior Citizens Savings Scheme, 2004, (hereinafter referred to as the said scheme), in my name / jointly in my name and my spouse.....(name and address of spouse with age)\* and tender herewith Rs..... (Rupees.....) in cash / cheque / demand draft, the particulars of which are filled in the enclosed 'pay-in-slip'(Form-D), towards deposit in the account.

2. **I/we\* hereby declare that,-**

- (i) I/we\* have clearly understood the Senior Citizens Savings Scheme Rules, 2004 governing the accounts under the said scheme, as amended from time to time(hereinafter referred to as the said rules);
- (ii) I/we\* shall abide by the said rules in letter and spirit;
- (iii) the details of other accounts opened earlier by me/us\* under the said scheme, are as under:-

Sl. No.	Name of depositor(s) & Type of account (Individual/Joint)	Name and Address of the Deposit office	Account No. with date of opening	Amount of Deposit
1				
2				
3				

(iv) I/we\* shall adhere to the ceiling on deposits, taking the deposits in all the accounts opened by me/us\* together, as specified in rule 4 and amended from time to time. In case, at any time, any excess deposit is found, such excess deposit will be refunded to me/us\* after recovery of excess interest under sub-rule (8) of rule 7.

3. I nominate the following person / persons, mentioned below, to whom, to the exclusion of all other persons, in the event of my death the amount standing to my credit in the account would be payable in accordance with the provisions contained in rule 6:

**TABLE**

Sl. No.	Name(s) of the nominee(s) alongwith relationship with the depositor	Permanent Address	Date(s) of birth of nominee(s) in case of a minor/ age in other case(s)	Share of the nominee(s) in the amount payable.
(1)	(2)	(3)	(4)	(5)

Photograph(s) of the nominee(s)	Signature/thumb impression of the nominee(s)
(6)	(7)".

**3(a)** As the nominee(s) at Serial No.(s).....above is/are minor(s), I appoint Shri/Smt./Kumari.....[name(s) with permanent address(es) of the person(s) in respect of each minor nominee] to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

**Signature/Thumb impression of the depositor**

**Witnesses(Signature, name and address):**

1.....

2..... Date.....At (Place).....

My/our\* specimen signatures (thumb impression), are as below:-

(i) First depositor:-

1.	2.	3.

(ii) \*Joint depositor:-

1.	2.	3.

#Witness..... #Witness..... #Witness.....

(Countersigned Postmaster/Incharge)	(Countersigned Postmaster/Incharge)	(Countersigned Postmaster/Incharge)
Date.....& office Seal	Date.....& office Seal	Date.....& office Seal

4. I also declare that the information provided by me / us\* in the application hereinabove, is true to the best of my/our knowledge and belief and in case, at any time, any of the information and/or declaration is found false, no interest on the deposits shall be payable to me/us\*, the deposit office shall close the account(s) and refund the deposits after recovery of the interest, if any, already paid on the deposits.

Yours faithfully,

(Signature of the applicant)

Date.....

Place.....

(Present Postal Address)

**Enclosures:**

1. Age proof.
2. Copy of receipted application form for allotment of PAN, if PAN is not allotted.
3. Pay-in-Slip (Form-D), duly filled in alongwith amount of deposit.
4. Certificate from the employer as specified in sub-clause (ii) of clause (d) of rule 2.

**\*: Score out whichever is not applicable.**

**\*\*:** (1) The applicant(s) who are not assessed to income tax, may furnish a self declaration, that their income from all sources (including the interest income from the account to be opened vide this application) does not cross the exemption limit and the applicant is not required to obtain PAN under Income Tax Act, 1961, as amended from time to time.

(2) All other applicants shall mention the PAN No. compulsorily and in case they have not so far been allotted PAN by the Income Tax Authorities, attested photocopy of the receipted application form for allotment of PAN should be attached to the application form.

#: in case of thumb impression.

**NOTE:** (1) Self attested copies of any of the following documents can be enclosed as age proof:- Birth Certificate issued by the Municipal authority/ Gram Panchayat/District Office of the Registrar of Births and Deaths; Voter Identity Card issued by the Election Commission of India; PAN Card; Passport; Ration Card; Date of birth certificate from the school last attended by the applicant or any other recognised educational institution or Driving Licence issued by the local licensing authority.

(2) Originals of the documents attached, should also be produced simultaneously for verification and return immediately.

**FOR THE USE OF DEPOSIT OFFICE**

The account has been opened on.....with Rs.....(Rupees.....  
.....) under the Senior Citizens Savings Scheme, 2004.

Account No.....Ledger folio No.....

Agent's name, agency code number, date and validity have been entered in the ledger folio as well as Pass book(in case of account introduced through agent).

Pass Book No.....has been issued.

Date.....

Signature of the Incharge of Deposit Office  
(alongwith name and designation stamp)

FORM-B

(See sub-rule (3) of rule 4)

Serial No.....

APPLICATION FOR EXTENSION OF AN ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO

The Postmaster/Incharge,

.....(name of the Deposit office)

.....

.....

Subject: Application for extension of an account for three years, with effect from.....(date/month/year).

Sir,

1. I, ....., son/daughter/wife of....., a depositor of account No. ...., (hereinafter referred to as the 'said account') hereby apply for continuation of the account under the Senior Citizens Savings Scheme, 2004 (hereinafter referred to as 'the said scheme'), for a further period of three years from the date of maturity of my above-said account.

2. I have understood the terms and conditions applicable to the account during the period of extension under the Senior Citizens Savings Scheme Rules, 2004 as amended from time to time.

3. I shall close the account immediately on completion of the extended period and get back the deposit standing at my credit in the account after adjustment of the interest paid in excess, if any, and any other charges recoverable in connection with the said account.

Date.....

Signature of the Depositor

Place.....

( name and address)

FOR THE USE OF DEPOSIT OFFICE

The account No..... which was opened on.....with Rs..... (Rupees.....) under the Senior Citizens Savings Scheme, 2004 and matured on....., has been extended for a period of three years with effect from..... to..... Rate of interest at..... per cent per annum as applicable under the scheme to fresh deposits opened or to be opened on the date of maturity, shall be applicable during the extended period of the deposit.

Necessary entries have been made in the Pass Book No..... and relevant Ledger folio No..... accordingly.

Date.....

Signature of the Incharge of Deposit Office (along with name and designation stamp)

FORM-C

(See rule 6)

Serial No.....

APPLICATION FOR NOMINATION/CHANGE/CANCELLATION OF NOMINATION UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO

The Postmaster/Incharge,

.....(name of the Deposit office)

.....  
.....

Subject: Application for Nomination or Change/Cancellation of Nomination.  
Sir,

1.\* I,.....hereby nominate the following person / persons, mentioned below, to whom, to the exclusion of all other persons, in the event of my death the amount standing to my credit in the account No.....would be payable in accordance with the provisions contained in rule 6 of Senior Citizens Savings Scheme Rules, 2004.

TABLE

Table with 5 columns: Sl. No., Name(s) of the nominee(s) along with relationship with the depositor, Permanent Address, Date(s) of birth of nominee(s) in case of a minor/ age in other case(s), Share of the nominee(s) in the amount payable. Includes rows for labels (1)-(5) and empty data rows.

Table with 2 columns: Photograph(s) of the nominee(s), Signature/thumb impression of the nominee(s). Includes rows for labels (6) and (7) and empty data rows.

2.\* As the nominee(s) at Serial No.(s).....above is/are minor(s), I appoint Shri/Smt./Kumari.....[name(s) in full with complete address(es) of the person(s) in respect of each minor nominee] to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

3.\* This is in supercession of the nomination(s), made by me earlier at the time of opening of account/vide my application dated.....

4.\* I,....., hereby request to cancel the nomination made by me earlier vide my application dated.....

Witnesses(Signature, name and address):

1.....  
2.....

Signature of the depositor  
(Name and address)

Date.....At (Place).....

**\*Score out whichever is not applicable.**

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**FOR THE USE OF DEPOSIT OFFICE**

The above nomination has been registered on..... AND/OR the earlier nomination dated.....has been changed/cancelled.

Necessary entries have been made in the Pass Book (No.....) and relevant Ledger folio No..... accordingly.

Date.....

Signature of the Incharge of Deposit Office  
(alongwith name and designation stamp)

**FORM-D**

(See sub-rule (1) of rule 3 and rule 10)

Serial No.....

**PAY – IN – SLIP FOR DEPOSITS  
UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004**

Counterfoil (1)		Counterfoil (2)	
<b>Depositor's copy</b>		<b>Deposit Office's copy</b>	
Name of Deposit Office		Name of Deposit Office	
Name of depositor..... Address:		Name of depositor..... Address:	
Father's/Husband's name:		Father's / Husband's Name:	
*Name of Agent (in case of account introduced through agent) with agency code No., date and validity.....		*Name of Agent (in case of account introduced through agent) with agency code No., date and validity.....	
Account No..... Date..... (to be filled in by deposit office)		Account No..... Date..... (to be filled in by deposit office)	
Ledger Folio.....(to be filled by deposit office)		Ledger Folio.....(to be filled by deposit office)	
Amount of Deposit (Rs.)#		Amount of Deposit (Rs.)#	
Cheque/Demand Draft realisation charges (Rs.)##		Cheque/Demand Draft realisation charges (Rs.)##	
Account Transfer Fee (Rs.)##		Account Transfer Fee (Rs.)##	
Fee for issue of Duplicate Pass Book (Rs.)##		Fee for issue of Duplicate Pass Book (Rs.)##	
Other charges, if any. (Rs.)##		Other charges, if any. (Rs.)##	
<b>TOTAL AMOUNT (Rs.)</b>		<b>TOTAL AMOUNT (Rs.)</b>	
Total Amount in words (Rupees.....)		Total Amount in words (Rupees.....)	
.....)		.....)	
<b>Details of CASH DEPOSIT:</b>	<b>AMOUNT</b>	<b>Details of CASH DEPOSIT:</b>	<b>AMOUNT</b>
1000 x		1000 x	
500 x		500 x	
100 x		100 x	
50 x		50 x	
20 x		20 x	
10 x		10 x	
05 x		05 x	
02 x		02 x	
01 x		01 x	
<b>COINS</b>		<b>COINS</b>	
<b>TOTAL (CASH):</b>		<b>TOTAL (CASH):</b>	
Cheque /Demand Draft No. and date:		Cheque /Demand Draft No. and date:	
.....		.....	
Bank / Branch on which drawn:		Bank / Branch on which drawn:	
.....		.....	
<b>AMOUNT (RUPEES) :</b>		<b>AMOUNT (RUPEES) :</b>	
By (Depositor's signature)		By (Depositor's signature)	

( P. T. O.)	( P. T. O.)
<u>Continued from prepage.....</u>	<u>Continued from prepage.....</u>
<b>TO BE COMPLETED BY DEPOSIT OFFICE</b>	<b>TO BE COMPLETED BY DEPOSIT OFFICE</b>
Head of Government Account(to be entered by Deposit Office)# / ##.....	Head of Government Account(to be entered by Depos Office)# / ##.....
<b>Received Rs..... (Rupees.....)</b> ..... <b>as detailed hereinabove. For deposit in Account No.....</b> *Agent's Commission at the rate of.....per cent of deposit amounting to Rs..... (Rupees.....)### has been paid at source (under receipt).  Cashier's scroll No..... <div style="text-align: right;">Signature of Cashier (with name and office seal)</div>  <div style="text-align: right;">Supervisor/Incharge of Deposit office alongwith office seal</div>	<b>Received Rs..... (Rupees.....)</b> ..... <b>as detailed hereinabove. For deposit in Account No.....</b> *Agent's Commission at the rate of.....per cent of deposit amounting to Rs..... (Rupees.....)### has been paid at source (under receipt).  Cashier's scroll No..... <div style="text-align: right;">Signature of Cashie (with name and office seal)</div>  <div style="text-align: right;">Supervisor/Incharg of Deposit office alongwith office se</div>
<p><u>NOTE:</u> 1. The cheque/demand draft should be in favour of the Deposit Office, or in favour of the depositor duly endorsed in favour of the deposit office. 2. Cheques / Demand Drafts are subject to realisation of the proceeds.</p> <p><b>* Score out if not applicable</b></p> <p><b>#: In respect of Deposits:-Major Head:8001-National Savings Deposits.</b></p> <p><b>##: In respect of various charges:-Major Head: 8008-Income and Expenditure of NSSF.00.104.Other Incomes.</b></p> <p><b>###:In respect of agency commission to agents: Major Head: 8008-Income and Expenditure of NSSF.03.104</b></p>	<p><u>NOTE:</u> 1. The cheque/demand draft should be in favour o the Deposit Office, or in favour of the depositor duly endorsed in favour of the deposit office. 2. Cheques / Demand Drafts are subject to realisation o the proceeds.</p> <p><b>* Score out if not applicable</b></p> <p><b>#: In respect of Deposits:-Major Head:8001-Nationa Savings Deposits.</b></p> <p><b>##: In respect of various charges:-Major Head 8008-Income and Expenditure of NSSF.00.104.Othe Incomes.</b></p> <p><b>###:In respect of agency commission to agents: Major Head: 8008-Income and Expenditure of NSSF.03.104</b></p>



**FORM – E**

(See sub rule (1) of rule 8 and rule 9)

Serial No.....

**APPLICATION FOR CLOSURE OF AN ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004**

TO

**The Postmaster/Incharge,**

.....(name of the Deposit office)

.....

**Subject:** Application for withdrawal/closure of account.

Sir,

1. I,.....,son/daughter/wife of..... resident of ..... and depositor of account No. .... (hereinafter referred to as the 'said account') hereby apply for closure of the said account with immediate effect. The interest of Rs..... and deposit of Rs.....TOTAL(INTEREST+DEPOSIT) Rs..... (Rupees.....), \*after adjustment of overpaid interest and/or deduction equal to .....per cent of the deposit, amounting to Rs..... (Rupees.....) and any other charges, recoverable from me in respect of the account in question, may kindly be refunded to me immediately.

2. The Pass Book is enclosed.

Signature or thumb impression of the Depositor

-----

**FOR USE BY THE DEPOSIT OFFICE**

ACCOUNT No.....DATE OF DEPOSIT.....AMOUNT OF DEPOSIT: Rs.....

Withdrawal on account of Interest Rs..... and deposit Rs.....totalling to Rs..... (Rupees.....) is sanctioned in favour of the depositor.

\*Recovery of overpaid interest Rs....., deduction of Rs..... and Other Charges (to be specified) Rs..... totalling to Rs..... (Rupees.....) has been adjusted.

**NET AMOUNT PAID Rs..... (Rupees.....)**

**RECEIPT**

Received a sum of Rs..... (Rupees.....) from.....(Name of Deposit office) as per details furnished above.

Signature / Thumb impression of the depositor

Signature of in-charge of Deposit Office  
(Alongwith name and designation stamp)

\*: Score out whichever is not applicable.

**FORM – F**

(See sub-rules (3) and (4) of rule 8)

Serial No.....

**APPLICATION FOR CLOSURE OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004  
BY SPOUSE(JOINT HOLDER) / NOMINEE(S)/LEGAL HEIRS**

TO

**The Postmaster/Incharge,**

.....(name of the Deposit office)

.....

**Subject:** Application for withdrawal /closure of account.

Sir,

I/WE\* ..... the spouse (Joint holder) / nominee(s) /legal heirs of late....., the depositor to the Senior Citizens Savings Scheme, 2004 account No..... wish to withdraw the entire amount standing to the credit of the deceased in the said account.

Please find enclosed: -

- (i) A certificate in regard to the death of the Depositor.
- (ii)\*A Certificate in regard to the death of Shri/ Shrimati.....and Shri/Shrimati..... also the nominee(s) appointed by the Depositor.
- (iii)\*\* Succession Certificate/Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.
- (iv) Pass Book of the Depositor.
- (v) # Letter of Indemnity.
- (vi) # Affidavit.
- (vii) # Letter of disclaimer on affidavit

Signature or thumb impression of claimant(s)

**Witness**.....

.....(Signature, name and address).....

Date.....

Place.....

**FOR USE BY THE DEPOSIT OFFICE**

Withdrawal of Rs..... (Rupees.....) is sanctioned.

**Adjustments made (to be specified)** Rs.....  
**(Rupees.....)**

**NET AMOUNT PAYABLE** Rs.....  
**(Rupees.....)**

**RECEIPT TO BE SIGNED BY THE CLAIMANT(S)**

Received a sum of Rs..... (Rupees.....)  
from..... (Name of Deposit office) as per details furnished above, in full  
settlement of our claim.

Signature / Thumb impression of the claimant(s)

Signature of in-charge of Deposit Office  
(Alongwith name and designation stamp)

**\*: Delete whichever is not applicable.**

**\*\* : Strike off if there is a valid nomination.**

**#: To be produced by legal heirs, in the absence of nomination(s) for claims upto Rs. 1 lakh.**

**ANNEXURE-I TO FORM - F**

(Letter of indemnity)

TO

The Postmaster / Incharge,  
..... (Name of the deposit office)

In consideration of your payment or agreeing to pay me /  
us.....

.....  
[Name(s) of Legal heir(s)] the sum of Rs..... (Rupees.....  
.....) standing in the account No.....under **SENIOR  
CITIZENS SAVINGS SCHEME, 2004** with your office in the name of .....  
.....without production of letters of administration or a succession certificate to the  
estate of the deceased.....(name of the depositor),  
I/We..... and  
we..... (sureties) do hereby for ourselves and our  
heirs, legal representatives, executors and administrators jointly and severally undertake and agree to indemnify  
you and your successors and assigns against all claims, demands, proceedings, losses, damages, charges and  
expenses which may be raised against or incurred by you by reason or in consequence of having agreed to  
pay/or paying me/us the sum as aforesaid.

In witness whereof we have hereunto set my/our hands at this.....day of.....in  
the presence of witnesses,

Signed and delivered by the above named  
heir/heirs of the deceased.

Signed and delivered by the  
above named sureties (Signature, names and address)

1.

2.

Signature, names and address of witnesses:

1.

2.

ATTESTED  
NOTARY PUBLIC

ANNEXURE-II TO FORM - F  
(Affidavit)

TO

The Postmaster / Incharge,  
.....(Name of the deposit office)

I / We.....Husband of / wife of late.....  
aged..... aged..... aged..... sons/daughters of the said late.....  
resident of.....do hereby declare and solemnly affirm as under :-

(1) That I / we am/are the only heir(s) of the deceased.....who died at.....  
on..... I / We alone represent the estate of Shri/Smt.....

(2) That the deceased.....did not leave any will and therefore I / we are the only successor(s) to  
the estate of the said deceased.

1.

2.

3.

DEPONENTS

**VERIFICATION:** I / We, the above-named deponents do hereby verify on solemn affirmation in.....  
(name of place) that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been  
concealed.

Dated.....

1.

2.

3.

DEPONENTS

ATTESTED

OATH COMMISSIONER

ANNEXURE-III TO FORM - F  
(Letter of disclaimer on Affidavit)

TO

The Postmaster / Incharge,  
.....(Name of the deposit office)

I / We (i) .....Husband of / wife of .....  
Resident of.....  
(ii) ..... son/daughter of .....  
(iii) .....son/daughter of .....

do hereby declare and solemnly affirm as follows :-

(1) That Shri/Smt.....died intestate on.....  
leaving behind us.....his/her only heirs.

(2) That we.....heirs of our late father/mother for  
ourselves and on behalf of our heirs, executors, representatives and assigns to hereby relinquish our claims to the balance  
of Rs.....which may be credited to the account sought by our mother/father to be  
opened in the deposit office in the name of the estate of the said.....  
deceased father/mother after the realisation of Draft No.....on .....  
issued by ..... (name of the deposit office) and we  
have no objection whatsoever in the balance in the above-referred account No.....together with  
interest, if any, accrued thereon being paid by the Deposit office to our mother/father  
Mrs./Mr.....

- 1.
- 2.
- 3.

**DEPONENTS**

**VERIFICATION:** I / We, the above-named deponents do hereby verify on solemn affirmation that the contents of this  
affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated.....  
1.  
2.  
3.

**DEPONENTS**

I identify the deponent(s) who is/are personally known to me  
and who has/have signed in my presence.

Dated.....  
**Oath Commissioner**

**FORM – G**

(See rule 11)

Serial No.....

**APPLICATION FOR TRANSFER OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004**

TO

**The Postmaster/Incharge,**

.....(name of the Deposit office)

.....

**Subject:** Application for Transfer of account to another Deposit office.

Sir,

1. I, ....., son/daughter/wife of....., Resident of ..... a depositor of account No. ....hereby apply for TRANSFER OF MY ACCOUNT No.....with a deposit, of Rs.....(Rupees.....) under the Senior Citizens Savings Scheme, 2004 to..... (Name and full address of the transferee deposit office)

2. **The Pass Book is enclosed.**

Signature or thumb impression of the Depositor

**Witness.....\***

.....(signature, name and address).....

My specimen signature/thumb impressions, as available in the record of transferer deposit office, are as below:-

(i) Ist Depositor:-

1.

2.

3.

\*Witness.....

\*Witness.....

\*Witness.....

(i) Joint Depositor:-

1.

2.

3.

Countersigned Postmaster/Incharge (Countersigned Postmaster/Incharge of Transferer office)

Countersigned Postmaster/Incharge (Countersigned Postmaster/Incharge of Transferer office)

Countersigned Postmaster/Incharge (Countersigned Postmaster/Incharge of Transferer office)

Date.....& office Seal

Date.....& office Seal

Date.....& office Seal

**Forwarded to:**.....(Transferee Deposit office) and necessary entries passed in the office record(s).

Signature & office seal (Transferer Deposit office)  
Date.....

**FOR USE BY THE TRANSFEEE DEPOSIT OFFICE**

A. Received application for transfer of account No.....opened on..... under SENIOR CITIZENS SAVINGS SCHEME, 2004, in the name of ..... &.....(joint holder, if any) standing on the books of the..... (name and address of the transferer deposit office) showing a deposit of Rs.....(Rupees.....), due to mature on.....

B. The entries in the pass book have been checked, necessary entries indicating transfer, have been made and pass book has been returned to the depositor.

Pass Book received in Original.

Signature of Postmaster / In-charge  
(with office seal) Transferee Deposit Office.

\_\_\_\_\_  
#(Signature/thumb impression of the depositor )

Date.....

Date.....

\*: In case of thumb impression.

#: to be signed on receipt of the pass book at the transferee deposit office.

■ **THIS IS FOR PUBLIC INFORMATION:**

Given hereinabove is the electronic version of the Senior Citizens Savings Scheme Rules, 2004. The accuracy of conversion to the electronic medium is subject to usual constraints. Hence, nothing in the above document may in any case be construed as an authority. For legal purposes and/or ruling position, the nearby post office or a designated branch of a bank operating the scheme, may be contacted.

\* \* \*