

(4) Where the surviving nominee is a minor, the payment shall be made to a person appointed by the depositor to receive such payment and, if no such person has been appointed, to the guardian of the minor.

(5) Where there are not more than three surviving nominees or legal heirs, they may, at their option, continue the account and receive the amount of deposit alongwith interest in the manner provided for in this Scheme, as if they had opened the account themselves if they are otherwise eligible to make deposit under this Scheme.

(6) Where the account is not continued under sub-paragraph (5), it shall be closed and the amount of deposit outstanding in the account shall be repaid with interest and such interest shall be allowed for the period for which the deposit has remained in the accounts office and the rate of such interest shall be paid as under.

(i) as specified under paragraph 7, for completed years not exceeding the period for which the deposit was made; and

(ii) for any period thereafter in completed months at the rate applicable to the Post Office Savings Account from time to time.

(7) On the death of one or two of the account holders in a joint account, the surviving account holder or holders, if any, shall be treated as the owner or owners of the account and such account holder or holders may continue the account or close the account in the manner specified under sub-paragraph (5) and (6).

11. Application of General Rules.- The provisions of the General Rules shall, so far as may be, apply in relation to the matters for which no provision has been made in this Scheme.

12. Power to relax.-Where the Central Government is satisfied that the operation of any of the provisions of this scheme causes undue hardship to an account holder, it may, by order for reasons to be recorded in writing, relax the requirements of that provision in a manner not inconsistent with the provisions of the Act.

[F. No. 2/2/2018 NS (Pt.I)]

RAJAT KUMAR MISHRA, Jt. Secy.

FORM - 1

[See sub-paragraph (1) of paragraph 4]

(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 National Savings Time Deposit Scheme for 1/2/3/5 years 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. Aadhaar 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. Types of Account

Single or Joint or through guardian for minor or
person of unsound mind or blind or differently
abled through authorised 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 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)
 depositor/s,

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

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 National Savings Time Deposit Scheme for 1/2/3/5 years 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

[See sub-paragraph (2) of paragraph 5]

(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 of who 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)

Place:

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.....

Place:

Date :

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

FORM - 3

[See sub-paragraph (1) of paragraph 6]

(Application for extension of account)

To,

The Postmaster/Manager

.....

Sir,

1. I/We _____ am/are depositor of Account Number _____ under National Savings Time Deposit Scheme for 1/2/3/5 years in your office. The said account was opened on _____ and has/will mature on _____ for payment. We hereby request for extension of the account for a further period of _____ year(s) (as per rule 10/11 of Scheme rule) from the date of maturity of the above said account.

2. I/We 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.

Place:

Date:

Signature of the account holder(s)/guardian

(Name and address)

For the use of Accounts Office

The account no. which was opened on with Rs. (Rupees.....) under _____ (Name of scheme) and matured on, has been extended for a period of _____ years with effect from to under rule..... of the..... scheme.

Necessary entries have been made in the records and pass book/deposit receipt/ statement of account.

Place:

Date:

Signature of Postmaster/Manager

Seal

FORM - 4

[See paragraph 8]

(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 National Savings Time Deposit Scheme for 1/2/3/5 years 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 National Savings Time Deposit Scheme for 1/2/3/5 years have been complied with.

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

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

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. _____.

Place:

Date: _____ Signature/thumb impression of account holder(s)/guardian

FORM - 5**[See sub-paragraph (1) of paragraph 9]****(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 National Savings Time Deposit Scheme for 1/2/3/5 years 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 :

Signature of account holder(s)/guardian

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