

FORM - 1**[See sub-paragraph (1) of paragraph 3]****(Application for opening an account)**

To

The Postmaster/Manager

.....
.....

Sir,

Paste photograph of applicant/s

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. Aadhaar 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.....

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)

d) Certificate No.

.....

e) Date of Issue

.....

f) 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 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:-
majority.

- (a) By the Guardian till the account holder attains
(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:.....

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 of Rs..... with Account No. dated.....

Customer identification Number.....

Nomination has been registered vide

No.....dated.....

Signature and seal of competent authority.

FORM - 2

[See sub-paragraph (1) of paragraph 8 and paragraph 10]

(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)

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

FORM – 3

[See sub-paragraph (1) of paragraph 11]

(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. _____

(+) Interest due Rs. _____

(-) Recovery of overpaid interest Rs. _____

Deduction if any Rs _____

Total Amount due Rs _____

Pay Rs. _____(in figurers) _____(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:

Signature/thumb impression of account holder /guardian

FORM - 4

[See sub-paragraph (1) of paragraph 12]

(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 with Rs..... (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

FORM - 5

[See sub-paragraph (1) of paragraph 13]

(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)

(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

Place :

अधिसूचना

नई दिल्ली, 12 दिसम्बर, 2019

सा.का.नि. 916(अ).—केंद्रीय सरकार, सरकारी बचत संवर्धन अधिनियम, 1873, (1873 का 5) की धारा 3क और धारा 15 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, निम्नलिखित स्कीम बनाती है, अर्थात्:-

1. संक्षिप्त नाम और प्रारंभ- (1) इस स्कीम का संक्षिप्त नाम वरिष्ठ नागरिक बचत स्कीम, 2019 है।

(2) यह राजपत्र में प्रकाशन की तारीख को प्रवृत्त होगा।

2. परिभाषाएं- (1) इस स्कीम में, जब तक कि संदर्भ से अन्यथा अपेक्षित न हो,-

(क) “खाता” से इस स्कीम के अधीन खोला गया खाता अभिप्रेत है;

(ख) “खाता धारक” से ऐसा व्यक्ति अभिप्रेत है जिसके नाम में खाता अभिनिर्धारित है;

(ग) “अधिनियम” से सरकारी बचत संवर्धन अधिनियम, 1873 (1873 का 5) अभिप्रेत है;

(घ) “प्ररूप” से इस स्कीम से संलग्न प्ररूप अभिप्रेत है;

(ङ) “साधारण नियम” से सरकारी बचत संवर्धन साधारण नियम, 2018 अभिप्रेत है;

(च) “वर्ष” से खाता में निक्षेप की तारीख से प्रारंभ होने वाले बारह माह की अवधि अभिप्रेत है।

(2) उन शब्दों और पदों के, जो इसमें प्रयुक्त हैं, किंतु परिभाषित नहीं हैं वे अर्थ होंगे जो इस अधिनियम और साधारण नियमों में उनके हैं।

3. खाता खोलना- (1) कोई व्यक्ति निम्नलिखित शर्तों को पूरी करते हुए लेखा कार्यालय में प्ररूप-1 में आवेदन करके खाता खोल सकेगा, अर्थात्:-

(i) जिन्होंने खाता खोलने की तारीख को साठ वर्ष की आयु प्राप्त की है;

(ii) जिन्होंने पचपन वर्ष या उससे अधिक किंतु साठ वर्ष से अनधिक की आयु प्राप्त की है और जो इस स्कीम के अधीन खाता खोलने की तारीख को अधिवर्षिता या अन्यथा की तारीख को सेवानिवृत्त हो गया है इस शर्त के अधीन रहते हुए कि सेवानिवृत्ति फायदे की तारीख के एक मास के भीतर ऐसे व्यक्ति जिसके द्वारा खाता खुलवाया गया है और अधिवर्षिता या अन्यथा पर सेवानिवृत्त होने, नियोजन होने के ब्यौरे उपदर्शित करते हुए नियोजक का एक प्रमाणपत्र के साथ-साथ ऐसे सेवानिवृत्ति फायदा (फायदे) के वितरण का सबूत और नियोजक के पास ऐसे नियोजन की अवधि आवेदन प्ररूप के साथ संलग्न है :