



# POST OFFICE SAVINGS BANK

## Aadhaar Based Know Your Client (e-KYC) Application Form

*(In case of joint / minor / person of unsound mind account, separate form required for each joint a/c holder / minor / person of unsound mind / Guardian) (Please ✓ the appropriate)*

New

Change Request / Re-KYC

I, \_\_\_\_\_ (name),

holder of Aadhaar Number

X	X	X	X	X	X	X	X												
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*Recent Passport Size  
Photo of the Account  
Holder*

*(In case the photo in  
Aadhaar is not the  
recent one)*

(1) Declare that I have been informed by the post office that

- (a). demographic information related to my Aadhaar will be shared by UIDAI upon my Authentication
- (b). the information received on my Authentication will be used for the KYC purpose for opening and operations of POSB Accounts.
- (c). other alternatives for submission of my identity information in case of failure of authentication

(2) hereby voluntarily give my consent to Post Office to open account in my name using my Aadhaar number and to use my Aadhaar details for e-KYC authentication with UIDAI for the aforesaid purpose and to obtain and use my Aadhaar number, Name and Fingerprint/Iris and my Aadhaar details for authentication with UIDAI as per Aadhaar Act for the aforesaid purpose and enabling my account for Aadhaar Enabled Payment Services (AEPS)

(3) Have been informed that voluntary consent given by me while submitting my Aadhaar number to Post Office, my Aadhaar details and identity information would only be used for e-KYC purpose, demographic authentication, validation OTP authentication, as the case may be for the aforesaid purpose and my biometrics will not be stored / shared and will be submitted to Central Identities Data Repository (CIDR) only for the purpose of authentication for the aforesaid purpose.

(4). Hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on National Savings Schemes and amendments issued thereto from time to time.

(5) The above consent and purpose of collecting Aadhaar has been explained to me in my local language.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

*Signature / Thumb Impression  
of the Account Holder / Guardian in case of minor/  
person of Authorized Type account holder*

**Mobile No.** \_\_\_\_\_

*(Signature of Witness in case of illiterate account holder)*

### FOR POST OFFICE USE

e-KYC CIF No																				
Date																				

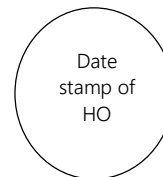
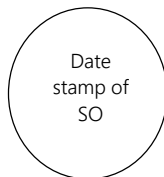
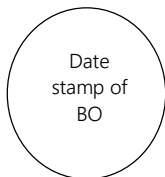
Certified that the details in the CIF of the customer holding the Aadhaar Number XXXX-XXXX-\_\_\_\_\_ have been updated as per the information received from CIDR of UIDAI for e-KYC purpose and for the purpose of opening of POSB Accounts and further transactions on Aadhaar Authentication basis.

Signature of GDS BPM

Signature of the Counter PA at  
SO / HO

Signature of Postmaster at SO

Signature of Postmaster at HO



Certified that the photo and signature / thumb impression of the account holder / guardian has been updated in the system.

Date: \_\_\_\_\_

Signature of the PA at CPC

Signature of Supervisor / In-charge at CPC

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



Post Office	Tran-ID	SOL ID	Date of Maturity
Account Number		CIF-ID (1)	
CIF-ID(2)		CIF-ID (3)	

**Instructions:** Please tick (✓) the appropriate box, ii) Use CAPITAL LETTERS only while filling in the application form iii) Submit the self-attested copies of the Documents.

To  
The Postmaster

Madam/Sir,

I/We .....(Applicant/guardian) hereby apply for opening of an account under .....(Savings / RD / 1,2,3,5 Years TD / MIS / SCSS / PPF / SSA / KVP / NSC VIII<sup>th</sup> Issue / MSSC) scheme in your Post office in my/our name(s)/in the name of minor or person authorized to operate the accounts through guardian.

<b>(i) Additional Facilities available (For Post Office Savings Account)</b>	<b>(a) Cheque Book required:-</b> <input type="checkbox"/> , <b>(b) IPPB A/C Linkage</b> <input type="checkbox"/>
<b>(c) Aadhaar Seeding</b> <input type="checkbox"/> <b>ATM Card</b> <input type="checkbox"/> <b>Internet Banking</b> <input type="checkbox"/> <b>Mobile Banking</b> <input type="checkbox"/> (Prescribed form to be enclosed)	
<b>(d) Insurance/Pension products:-</b> PMSBY <input type="checkbox"/> PMJJBY <input type="checkbox"/> APY <input type="checkbox"/> (Prescribed form to be enclosed)	

**(ii) Account Holder Type:-**  Self  Minor through Guardian  Person authorized to operate through guardian.

**(iii) Account Type:-**  Single  Either or Survivor (Joint B)  All or Survivor(s) (Joint A)

**1. In case of account opened in the name Minor/ Person authorized to operate the accounts through guardian.**

Name of Minor/ Person authorized to operate accounts through guardian	Date of Birth(DD/MM /YYYY) in words	Gender (M/F/O)	Name of Guardian, Relationship and status – Natural or Legal
1.			
2.	Details of proof of age of minor along with its date of Issue and Issuing Authority (In case of SSA A/c Birth Certificate is mandatory)		

**2. I/We tender herewith ₹ ..... /-(₹ ..... (In words) in cash / DD / Cheque No..... date..... as initial deposit. My/Our particulars are as under:-**

Particulars	1 <sup>st</sup> Applicant / Depositor	2 <sup>nd</sup> Applicant / Depositor	3 <sup>rd</sup> Applicant / Depositor
Name of the Applicant / Guardian			
<b>To be filled only when the depositor(s) does not have any other account in the post office or change in the existing information</b>			
PAN Number			
Mobile Number			
eMail ID			
Educational Qualification			
Occupation			
Income & Income Type (Monthly/Yearly)			
Citizenship / Residential Status			
Short Name			

**Note:- As per PMLA Act-2002, if balance/investment in all accounts are 10 Lakh & above, customer has to submit copy of document showing source of receipt of funds tendered for investment.**

### 3. Declarations

**General:-(1)** I/We 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.

(Details available at <https://www.indiapost.gov.in/VAS/Pages/RTI/RTI-Manual-5.aspx>)

**(2)** I/We further declare that I/We/Minor/person authorized to operate the account through guardian is/are Resident citizen of India and undertake to inform the account office of any change in My/our residency/citizenship status in future.

**(3)** I hereby agree that account will be operated by me till account holder attains the age of 18 years and thereafter, account holder will operate the account. (In case of SSA and Minor Account opened through Guardian).

**(4)** In case services of SAS/MPKBY Agent are taken: -

Name of Agent ..... Authority No..... Validity.....

(5) Standing Instruction (i.e. MIS to SB, SB to RD etc.) if any.....

TD :- Extension/Renewal of account required after maturity :-

**SSA** :- I hereby declare that no other account has been opened under Sukanya Samridhi Account in the name of the depositor in any of the Post office/Bank in the country.

**PPF** :- (1) I hereby declare that no other account has been opened under Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

(2) 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 the scheme and any deposit in excess of the ceiling will be treated as in contravention to the Scheme provisions.

**MIS/SCSS/MSSC** :- I/We hereby declare details of my/Our existing accounts\* as on today under "National Savings Monthly Income Account/ Senior Citizen Savings Scheme/Mahila Samman Savings Certificate" in any of the Post Office/Bank in the country. I declare that the investments in all the MIS, SCSS and MSSC accounts do not exceed the maximum amount of investment prescribed in scheme rules concerned.

Sl. No.	Name of Scheme (MIS or SCSS or MSSC)	Date of opening of account	Amount deposited	Customer Identification Number (CIF No.)	Account Number	Name of Post Office/Bank
1.						
2.						
3.						
4.						

\*If number of accounts is more, details of all accounts should be filled and attached as annexure duly signed.

Please tick (✓) the appropriate box

#### 4. Nomination

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 .....(Name of 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 (optional)	Date of birth (in case of minor)	Share of entitlement (%)	Nature of entitlement Trustee or owner
1			XXXX-XXXX-			
2			XXXX-XXXX-			
3			XXXX-XXXX-			
4			XXXX-XXXX-			

As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I/We 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/Our death during the minority of the nominee(s).

(In case, applicant(s) is/are illiterate)

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Place and Date: \_\_\_\_\_

Signature or thumb impression of Applicant(s)/Guardian (1 <sup>st</sup> Applicant)	Signature or thumb impression of Applicant(s)/Guardian (2 <sup>nd</sup> Applicant)	Signature or thumb impression of Applicant(s)/Guardian (3 <sup>rd</sup> Applicant)
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#### FOR USE OF POST OFFICE

I have carefully examined this application and Identification of the account holder(s). Opening of account is approved.			
Account has been opened in the name of.....with ₹ .....on..... (Date) under .....scheme vide A/c No. .... dated .....			
Nomination has been registered vide No. .... Dated .....			
Date Stamp	Signature of GDS Branch Post Master Name Stamp of EDBO	Date Stamp	Signature of Sub/Asst./Head Post Master Designation stamp