

Form 1
[(See Rules 3 and 12 (1))]
Post Office Savings Bank

APPLICATION FOR OPENING OF AN ACCOUNT (SAVING/RD/TD(1/2/3/5 year)/MIS)

ACCOUNT NUMBER (For Office Use)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1 Name of Post Office

2 Date of Opening of Account

3 Type of Account SB/RD/TD(1/2/3/5 year)/MIS

4 Denomination
(in case of RD account)

5 Amount of initial deposit Rs (In figures)

Rs (in words)

6 Mode of initial Deposit

(Cash/Other. In case of other, please give full detail)

7(i) Full Name of Depositor(s) in block letters

1st Depositor	
2nd Depositor	
3rd Depositor	

(ii) Residential Address

(iii) Date of Birth (needed only in case of RD account opened under Protected Saving Scheme)

8 The account will be operated

Singly	Jointly (Joint A)	Severally (Joint B)

9 In case of Minor Account

(i) Date of Birth of Minor

(ii) Date of Majority

(iii) Applicant's relationship with minor

10 I/We wish to open a cheque account. Please furnish me/us cheque book (in case of Saving account only). Mention Yes or No :

11 Declaration

(i) I/We hereby undertake to maintain the balance in all my/our accounts single or joint, within the limits specified in the relevant rules, and also furnish on demand from the Post Office Savings Bank, particulars of all such accounts irrespective of the location of post office where opened

Note : I In case of Saving/MIS account, for the purpose of maximum balance, the depositor's share in the balance of a joint account shall be taken as one half or one third of such balance according as the account is held by two or three adults

(ii) I/We agree to abide by such rules framed by the Central Government as may be applicable to the account from time to time

(iii) Certified that I/we do not hold amounts in multiple accounts in excess of the limits prescribed

12 Nominations : (i)

do not wish to make nomination	or	wish to make nomination as per Details given below :-
Signature(s) or Thumb Impression(s) If Illiterate of applicant		Signature(s) or Thumb impressions If Illiterate of applicant

(ii) I/we nominate the person(s) named below under Section 4 of the Government Savings 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 and Address of nominee(s)	Date of Birth (in case of minor)	Name and Address of person who may receive the said amount during the minority of the nominee(s)

13 The name(s) of nominees may be entered in the passbook (Yes/No)

14 Signature of witness in case depositor wishes to make nomination in Column 12 (i) :-

.....

Name and Address of Witness

15 Specimen Signature (s)

Name of applicant (in capital letters)	Specimen Signature of applicant(s)	Nationality

16 Introduction

I certify that I have known the above party (ies) for the past yearsmonths and confirm his/her/their occupation(s) and address(es) as stated in this application

Account No. of Introducer (if any)

Signature of Introducer

Name and Full Address

.....

.....

Document	Name	Issuing Authority	Date of Expiry (if any)

18

Signature (s) or thumb impression(s) if illiterate, of applicant

* Telephone No Mobile No. E - Mail ID

* Optional

(for Office Use)

Introduction or identification accepted and specimen signatures attested

Signature of Branch Postmaster

Signature of Senior Postmaster

Signature of Postmaster

Date Stamp

Date Stamp

Date Stamp