

SB/CQE-4

Department of Posts
APPLICATION FOR AVAILING OF THE FACILITY OF CHEQUE SYSTEM

Date

To,
The Post Office Savings Bank
.....Post Office

Please permit me/us to avail of the facility of the cheque system and issue a cheque book for my/our Savings Bank Account No. standing open at your office with a balance of Rs.

2. I/we hereby declare that I/we have read the conditions governing the facility of cheque system in the Post Office Savings Bank Accounts as laid down in Rule 28-A of the Post Office Savings Bank Rules 1881 and that I/we accept all the aforesaid conditions, and such amendments thereto as may be issued from time to time, as binding upon me/us.

Name(s) of Depositor(s) (in block letters)

*3. The cheque book should be sent to me by registered post at the following address :-
.....
.....

Signature(s) of Depositor(s)

* Delete if not applicable

CERTIFICATE OF INTRODUCTION

I do hereby certify that the depositor(s) of Post Office Savings Bank Account No.standing open at Post Office is / are known to me and has/have signed this application in my presence.

Introduction accepted

.....
Signature with date of postmaster

Signature of introducer
Address (with A/c No. if he is a SB Depositor)
.....

TO BE FILLED IN BY POST OFFICE

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

Cheque Book containing
Cheques Nos toissued

Noted in ledger

.....
Initials with date of postmaster

ACKNOWLEDGEMENT OF DEPOSITOR(S) FOR CHEQUE BOOK

I/We hereby acknowledge receipt of the Cheque Book containing cheques No..... to
..... which I/we have counted and found correct and in proper serial order.

.....
Signature(s) of Depositor(s)