

FORM F
(See sub-rules (3) and (4) of Rule 8)

Serial No.....

**APPLICATION FOR CLOSURE OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004 BY SPOUSE
(JOINT HOLDER)/NOMINEE(S)/LEGAL HEIRS**

To
The Postmaster/Incharge
..... (name of the Deposit Office)
.....

Sub : Application for withdrawal/closure of account

Sir

I/We * the spouse (Joint holder/nominee(s)/legal heirs of late, the depositor to the Senior Citizen's Savings Scheme, 2004 account No. wish to withdraw the entire amount standing to the credit of the deceased in the said account.

Please find enclosed :-

- (i) A certificate in regard to the death of the Depositor
- (ii)* A certificate in regard to the death of Sri/Smt Sri/Smt also the nominee(s) appointed by the Depositor
- (iii)** Succession Certificate/Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.
- (iv) Pass Book of the Depositor
- (v) # Letter of Indemnity
- (vi) # Affidavit
- (vii) # Letter of disclaimer on affidavit

Signature or thumb impression of claimant(s)

Witness (Signature, name and address)

Date

Place

FOR USE BY THE DEPOSIT OFFICE

Withdrawal of Rs..... (Rupees) is sanctioned
Adjustments made (to be specified) Rs....., (Rupees.....)
Net amount payable Rs..... (Rupees)

RECEIPT TO BE SIGNED BY THE CLAIMANT(S)

Received a sum of Rs. (Rupees) from
..... (name of deposit office) as per details above in full settlement of our
claim

Signature or thumb impression of claimant(s)

* Delete whichever is not applicable

* Strike off if there is a valid nomination

** To be produced by legal heirs, in the absence of nomination(s) for claims upto Rs.1 lakh

ANNEXURE I TO FORM F
(Letter of indemnity)

To

The Postmaster/Incharge

..... (name of the Deposit Office)
.....

In consideration of your payment or agreeing to pay me/us

.....
(Name(s) of Legal heir(s) the sum of Rs..... (Rupees)
standing in the account no..... under **SENIOR CITIZENS SAVINGS SCHEME, 2004** with
your office in the name of without production of
letters of administration or a succession certificate to the estate of the deceased

..... (name of the depositor), I/We
.....and we (sureties) do hereby
for ourselves and our heirs, legal representatives, executors and administrators jointly and severally
undertake and agree to indemnify you and your successors and assigns against all claims, demands,
proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by
reason or in consequence of having agreed to pay/or paying me/us the sum as aforesaid.

In witness whereof we have hereunto set my/our hands at this day of
..... in the presence of witnesses,

Signed and delivered by the above named
heir/heirs of the deceased

Signed and delivered by the
above named sureties (Signature, names and address)

1

2

Signature, names and address of witnesses

1

2

ATTESTED
NOTARY PUBLIC

ANNEXURE II TO FORM F
(Affidavit)

To

The Postmaster/Incharge

..... (Name of the Deposit Office)

I/We husband of/wife of late aged
..... aged aged sons/daughters of the said late
..... resident of do hereby declare and
solemnly affirm as under:-

1 That I/we am/are the only heir(s) of the deceased who died at
..... on I/We alone represent the estate of Sri/Smt
.....

2 That the deceased did not leave any will and therefore I/we are the only
successor(s) to the estate of the said deceased.

1

2

3

DEPONENTS

VERIFICATION : I/We the above named deponents do hereby verify on solemn affirmation in
..... (name of place) that the contents of this affidavit are true to the best of my/our
knowledge and nothing material has been concealed.

Dated

1

2

3

ATTESTED
OATH COMMISSIONER

DEPONENTS

ANNEXURE III TO FORM F
(Letter of disclaimer on Affidavit)

To
The Postmaster/Incharge
..... (name of the Deposit Office)

.....

I/We (i) Husband of/wife of Resident
of(ii)
..... son/daughter of (iii)
..... son/daughter of do hereby declare and
solemnly affirm as follows :-

(1) That Sri/Smt died intestate on leaving
behind us his/her only heirs.

(2) That we Heirs of our late father/mother ourselves and
on behalf of our heirs, executors, representatives and assigns to hereby relinquish our claims to the balance
of Rs..... which may be credited to the account sought by our mother/father to be
opened in the deposit office in the name of the estate of the said
..... deceased father/mother after the realization of Draft No.....
..... on issued by (name of the
deposit office) and have no objection whatsoever in the balance in the above referred account
no..... together with interest if any, accrued thereon being paid by the Deposit office to our
mother/father Mrs/Mr

1

2

3

DEPONENTS

VERIFICATION : I/We the above named deponents do hereby verify on solemn affirmation that the
contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated

1

2

3

DEPONENTS

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence

Dated

OATH COMMISSIONER