

**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:** i. 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  
.....  
.....

Paste photograph  
of applicant/s

Paste photograph  
of applicant/s

Paste photograph  
of applicant/s

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)scheme in your Post office in my/our name(s)/in the name of minor or person of unsound mind.

<p><b>(i) Additional Facilities available (For Post Office Savings Account)</b> (a) Cheque Book required:- <input type="checkbox"/> , (b) IPPB A/C <input type="checkbox"/></p> <p>(c) Aadhaar Seeding <input type="checkbox"/> ATM Card <input type="checkbox"/> Internet Banking <input type="checkbox"/> Mobile Banking <input type="checkbox"/> (Prescribed form to be enclosed)</p> <p>(d) Insurance/Pension products: - PMSBY <input type="checkbox"/> PMJJBY <input type="checkbox"/> APY <input type="checkbox"/> (Prescribed form to be enclosed)</p>
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(ii) Account Holder Type: -  Self  Minor through Guardian  Person of unsound mind 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 of unsound mind.

Name of Minor/ Person of unsound mind	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 Rs...../-(Rs.....(In words) in cash/DD/Cheque No..... date..... as initial deposit. My/Our particulars are as under:-

Particulars	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Name of the Applicant/ Guardian			
Name of Husband/ Father/ Mother			
Gender (M/F/O)			
Date of Birth (DD/MM/YYYY) and In words (mandatory)			
Aadhaar Number			
PAN Number*			
CIF ID (existing A/Cs holders)			
<b>Present Address:-</b> House/Locality/Village & Post Office/City/District/ State/Pin Code			
<b>Permanent Address:-</b> House/Locality/Village & Post Office/ City/ District/ State/Pin Code			
Telephone No./Mobile No.*			
E-mail ID			
<b>ID Proof</b> (Document No./Date of Issue/ Issuing Authority)			
<b>Address Proof</b> (Document No./Date of Issue/ Issuing Authority)			
For SCSS Account details of proof of age (Doc. No., issue Date and Issuing Authority)			

(If Aadhaar Card/proof of enrolment of Aadhaar is not provided, any of the following documents can be 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 Mnregs signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address.

**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.**

**Specimen Signatures**

1.....1.....1.....  
2.....2.....2.....  
3.....3.....3.....

Name:-.....Name:-.....Name:-.....

### 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 of unsound mind 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 attained 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..... Date of 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** :- I/We hereby declare details of my/Our existing accounts\* as on today under "National Savings Monthly Income Account/ Senior Citizen Savings Scheme" in any of the Post Office/Bank in the country.

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

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

Please tick (V) the appropriate box

Date:-

**Signature or thumb impression of Applicant(s)/Guardian**

### 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 of nominee (optional)	Date of birth of nominee in case of minor nominee	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/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:

Date:

**Signature or thumb impression of Applicant(s)/Guardian**

### FOR USE OF POST OFFICE

I have carefully examined this application and Identification as well as address proof documents submitted. Opening of account is approved.

Account has been opened in the name of.....with Rs.....on..... (Date) under .....scheme vide A/c No. .... dated .....

Nomination registration details:-

Date Stamp	Signature of GDS Branch Post Master	Date Stamp	Signature of Sub/Asst./Head Post Master
	Name Stamp of EDBO		Designation stamp

**POST OFFICE SAVINGS BANK**  
(Counterfoil for customer)

.....Post Office      Date 

D	D	M	M	Y	Y	Y	Y
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Account Type :-  
SB RD TD MIS SCSS PPF SSA KVP NSC, Others....

Account Number 

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

Pay into the credit of Mr./Mrs./Ms. : .....

Rupees (Inwords).....

by Cash/DD/Cheque No.....

Date:.....(subject to realization)      ₹...../

Bank's Name and IFSC Code:.....

**Break up of Deposit:**

In case of RD:- for the month(s) .....

Rebate amount.....Default amount .....

In case of PPF/SSA:- for the Financial year.....

Default amount .....

Loan Repayment..... Interest on loan .....

Dated Stamp 

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Initial of PA/SPM/GDS BPM 

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**POST OFFICE SAVINGS BANK**

Account Type:- SB RD TD MIS SCSS PPF SSA KVP NSC, Others....

.....Post Office      Transaction ID:.....

Account Number 

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      Date 

D	D	M	M	Y	Y	Y	Y
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Pay into the credit of Mr./Mrs./Ms. ....

Rupees (in words): .....

by Cash/DD/Cheque No.....Date:.....(subject to realization)      ₹...../

Bank's Name..... Bank Branch IFS Code .....

**Break up of Deposit:**

In case of RD:- for the month(s) ..... rebate Amount.....default Amount.....

In case of PPF/SSA:- for the Financial Year..... default Amount .....

Loan Repayment..... Interest on loan .....

Date Stamp 

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      Initial of PA/SPM/GDS BPM 

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      Signature of Depositor 

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**Note:- Aadhaar Seeding required for availing DBT benefits in POSB A/C**

(prescribed form to be enclosed)      Mobile No. .... PAN No.....(if required)

Depositor Name & Address .....

SB - Savings Account, RD- Recurring Deposit, MIS- Monthly Income Scheme, SCSS- Senior Citizen Saving Scheme, PPF- Public Provident Fund, SSA - SukanyaSamridhhiAccount,TD-Time Deposit(1/2/3/5 year), KVP-KisanVikasPatra, NSC-National Savings Certificates VIIIth Issue

SB-KYC



**POST OFFICE SAVINGS BANK  
NEW/CHANGE KYC (Know Your Customer) Form  
(to be sent to respective CPC)**

	Signature	Recent Photograph
Applicant(1) Name:-	(1)	
CIF ID No.	(2)	
Account /Registration No.		
Applicant(2) Name:-	(1)	
CIF ID No.	(2)	
Account /Registration No.		
Applicant(3) Name:-	(1)	
CIF ID No.	(2)	
Account /Registration No.		

Please fill all the information below in case of new account and only relevant information in case of change in KYC.

Name (in Capital letters)			
Flat/House Number		Locality	
Road		Landmark	
Village/Town/City		District	
Pincode		State	
Mobile Number		Email ID	
Aadhar number		PAN Number	

I do hereby submit photo copy of the following documents (self attested) for the proof of:-

Proof of identity (doc.no./date/issuing authority)	
Proof of address (doc.no./date/issuing authority)	

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb impression:-      1<sup>st</sup> Applicant                      2<sup>nd</sup> Applicant                      3<sup>rd</sup> Applicant  
(in case of Joint A/c, all applicants have to sign)

**FOR OFFICE USE ONLY**

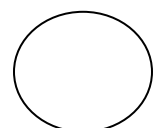
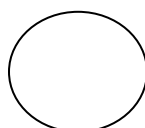
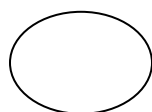
Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

Signature of GDS BPM  
Date:-

Signature of SPM

Signature of Postmaster

Date Stamp



**SB-7**

**WITHDRAWAL FORM**

<b>Application Side</b> (To be filled by depositor)	<b>PAYMENT ORDER</b> (For office use only)																				
Name of the Post Office..... <table border="1" data-bbox="718 298 1066 332"><tr><td>Date</td><td>DD</td><td>MM</td><td>YY</td><td>YY</td><td>YY</td></tr></table>	Date	DD	MM	YY	YY	YY	<table border="1" data-bbox="1627 277 1959 311"><tr><td>Date</td><td>DD</td><td>MM</td><td>YY</td><td>YY</td><td>YY</td></tr></table> Transaction ID .....	Date	DD	MM	YY	YY	YY								
Date	DD	MM	YY	YY	YY																
Date	DD	MM	YY	YY	YY																
Type of Account : <input type="checkbox"/> SB <input type="checkbox"/> TD <input type="checkbox"/> MIS <input type="checkbox"/> SCSS <input type="checkbox"/> NSS, Others.....																					
<table border="1" data-bbox="136 391 898 430"><tr><td>Account No.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Account No.																				
Account No.																					
NATURE OF PAYMENT :- <input type="checkbox"/> Interest <input type="checkbox"/> Withdrawal																					
Please pay to me / messenger (whose name and signatures are given below) the sum of ₹.....(In figures) ₹ .....(In words).	Pay ₹.....(In figures) Rupees .....(in words)																				
Balance after withdrawal ₹.....(in figures)	<table border="1" data-bbox="1102 492 1323 592"><tr><td></td></tr></table> <table border="1" data-bbox="1606 492 1932 565"><tr><td></td></tr></table>																				
Signature or thumb impression of account holder(s)/guardian	Date Stamp <b>Signature of Postmaster</b>																				
Name of Messenger .....	<b>ACQUITTANCE</b> (to be filled by depositor/messenger)																				
Signature of Messenger .....	Received ₹.....(In figures) Rupees ..... (in words).																				
<b>Signature of account holder(s)</b> (Required only if payment is required through messenger)	<table border="1" data-bbox="1606 808 1932 881"><tr><td></td></tr></table>																				
<b>Note:- Aadhaar Seeding required for availing DBT benefits in POSB A/C</b> <input type="checkbox"/> (enclosed prescribed form)	Date:- <b>Signature or thumb impression of account holder /guardian /messenger</b>																				
Initial of PA	Mobile No. .... PAN No. ....(if applicable)																				
Initial of APM/SPM	Attested By _____(Name & Address)																				
Note:- Please submit passbook along with this form.	(Attestation is applicable in case of thumb impression)																				