FORM -10 (See Rule14 of Government Savings Promotion Rules, 2018)

Application for cancellation or variation of nomination in an account under National Savings Scheme

Name of the Post Office/Bank Name of the scheme			Account No			
To The	Postmaster/Manag					
stan	nsound mind) here ding at the credit o	depositor(s)/guardianeby nominate the pefithe above mentione e closure of the said a	erson(s) named d account in the		ecipient(s) of	the amount
S.No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhar Number of nominee/s	Date of birth of nominee in case of minor	Share of entitlement	Nature of entitlement Trustee or owner
mine	ointShri/Smt/Kumar Addressto receive ority of the nomined above nomination v	will have the effect ma	r the said acco	W/o unt in the even	t of my death	during the
regis		n supersedes the prev		•	ct of the said a	ccount with
		OR n previously made in r				
The	passbook/deposit r	eceipt/statement of a	ccount is enclos	ed		
•	mb impression sho	uld be attested by a po	•	nature or thumb the Post Office)	impression of	depositor(s)
1. N			2. Na			
Add Sign	ress ature			ldress gnature		
31811	acare	Fo	r office use only	-		
Non	nination registered a	at Serial Number				

Signature and Seal of Postmaster/Manager

Form made fillable by Karvitt.com

Date