

**SB – 3(a)**

**Letter of Authority to be produced by the agent transacting business on behalf of an illiterate/blind/physically handicapped depositor in the Post Office Savings Bank**

To

The Postmaster  
.....

Sir

I hereby authorize my agent named ..... to deposit money in my Savings Account and to withdraw money from my account and generally to transact business on my behalf with the Post Office Savings Bank at .....

A specimen of my agent's signature is given below :

This mark must be attested below by the signature of a trustworthy witness known to the Postmaster

.....  
Mark of Depositor  
Date .....

.....  
Signature of Witness

.....  
Signature of Agent

Note : If the agent of a depositor is changed the new agent will be required to produce a fresh letter of authority