

**APPLICATION FOR OPENING OF AN ACCOUNT UNDER SENIOR CITIZEN'S SAVING SCHEME 2004**

To  
The Postmaster /In charge  
..... (Name of the Deposit Office)  
.....

Name of Agent (in case of the account introduced through agent .....  
Agency Code No..... dated ..... valid upto .....

Sir,

1. I. ....Son / daughter / wife of .....  
PAN No. (of applicant) ..... a permanent resident of  
..... aged ..... years, hereby apply for opening of an  
account under the Senior Citizens Savings Scheme, 2004, (hereinafter referred to as the said  
scheme), in my name/jointly in my name and my spouse  
..... (name and address of spouse with age)\* and  
tender herewith Rs. .... (Rupees ..... ) in  
cash/cheque/demand draft, the particulars of which are filled in the enclosed ' pay-in-slip (Form-D),  
towards deposit in the account.

2. I/We\* hereby declare that,-
- i. I/We\* have clearly understand the Senior Citizens Savings Scheme Rules, 2004 governing the accounting under the said scheme, as amended from time to time (hereinafter referred to as the said rules);
  - ii. I/We\* shall abide by the said rules in letter and spirit ;
  - iii. The details of other account opened earlier by me/us\* under the said scheme, are as under :

Sl No	Name of the depositor(s) & type of account (individual /joint)	Name and address of the Deposit office	Account Number with date of opening	Amount of deposit
1.				
2.				
3.				

- iv. I/We\* shall adhere to the ceiling on deposits, holding the deposits in all the accounts opened by me/us\* together, as specified in rule 4 and amended from time to time. In case, at any time, any excess deposit is found, such excess deposit will be refunded to me/us\* after recovery of excess interest under sub-rule (8) of rule 7.

3. I nominate the following person/persons, mentioned below, to whom, to the exclusion of all other persons, in the event of my death the amount standing to my credit in the account would be payable in accordance with the provisions contained in rule 6:

SI No	Name(s) of the nominee(s) alongwith relationship with the depositor	Permanent address	Date(s) of birth of nominee(s) in case of a minor/age in other case(s).	Share of the nominee(s) in the amount payable.
1.				

4. (a) As the nominee(s) at Serial No.(s) ..... above is/are minor(s), I appoint Shri/Smt/Kumari .....

[Name(s) with permanent address(es) of the person(s) in respect of each minor nominee] to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

**Witness (Signature ,name & address)**  
**Impression of the depositor**

**Signature/Thumb**

1. ....

2. .... Date ..... at Place .....

My/our\* specimen signature (Thumb impression), are as below :

i. First depositor :

1. 2. 3.

ii. #Joint depositor :

1. 2. 3.

(Countersigned Postmaster/incharge)  
(Countersigned  
Postmaster/incharge)

(Countersigned Postmaster/incharge)

Date ..... & office seal)  
seal)

Date ..... & office seal) Date ..... & office

5 I also declare that the information provided by me/us\* in the application herein above, is true to the best of my/our knowledge and belief and in case, at any time, any of the information and/or declaration, is found false, no interest on the deposits shall be payable to me/us\*, the deposit office shall close the account(s) and refund the deposits after recovery of the interest, if any, already paid on the deposits.

Yours faithfully,

(Signature of the applicant)