



FORM-B
(See sub-rule (3) of rule 4)
**APPLICATION FOR EXTENSION OF AN ACCOUNT UNDER
SENIOR CITIZENS SAVINGS SCHEME, 2004**

To,
The Chief / Branch Manager
State Bank of India

**APPLICATION FOR EXTENSION OF AN ACCOUNT FOR THREE YEARS
WITH EFFECT FROM ___ / ___ /20___ (DATE/MONTH/YEAR)**

Sir / Madam,

1. I, _____ Son/Daughter/Wife of _____, a Depositor of account No. _____, (hereinafter referred to as the 'said account') hereby apply for continuation of the account under the **Senior Citizens Savings Scheme, 2004** (hereinafter referred to as 'the said scheme'), for a further period of three years from the date of maturity of my above-said account.

2. I have understood the terms and conditions applicable to the account during the period of extension under the Senior Citizens Savings Scheme Rules, 2004 as amended from time to time.

3. I shall close the account immediately on completion of the extended period and get back the deposit standing at my credit in the account after adjustment of the interest paid in excess, if any, and any other charges recoverable in connection with the said account.

Date : ___/___/20___

(Signature of the Depositor)

Place : _____

(Name and Address)

FOR THE USE OF BRANCH

The account No _____ which was opened on ___/___/20___ with ₹ _____ (Rupees _____ Only) under the Senior Citizens Savings Scheme, 2004 and matured on ___/___/20___, has been extended for a period of three years with effect from ___/___/20___ to ___/___/20___ Rate of interest @ _____% per cent per annum as applicable under the scheme to fresh deposits opened or to be opened on the date of maturity, shall be applicable during the extended period of the deposit.

Necessary entries have been made in the Pass Book No _____ accordingly.

Date : ___/___/20___

(Branch / Service Manager)