

FORM – A
(See clause (d) of rule 2 and sub rule (1) of rule 3)

Serial No.....

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

To
The Branch Manager
Punjab & Sind Bank

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 s (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:

Sl 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)

Signature/Thumb Impression of the depositor

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 incharge)

(Countersigned incharge)

(Countersigned incharge)

Date _____ & office seal)

Date _____ & office seal)

Date _____ & office seal)

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)

FORM B
(See sub-rule(3) of rule 4)

Serial No.....

**APPLICATION FOR EXTENSION OF AN ACCOUNT UNDER
SENIOR CITIZEN'S SAVINGS SCHEME, 2004**

To
The Branch Manager
Punjab & Sind Bank

Sub : Application for extension of an account for three years
with effect from (date/month/year)

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 Citizen's Savings Scheme, 2004 (hereinafter referred to as the 'the said
scheme'), for a further period of three years from the date of maturity of my above said account.

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

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

Signature of the Depositor

Place (name and address)

FOR THE USE OF DEPOSIT OFFICE

The account no..... which was opened on with Rs.....
(Rupees.....) under the Senior Citizen's Savings Scheme, 2004 and
matured on, has been extended for a period of three years with effect from
to Rate of interest at percent 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 Passbook No..... and relevant Ledger folio
No..... accordingly.

Date

Signature of the incharge of Deposit Office

(along with name and designation stamp)

FORM C

Serial No.....

APPLICATION FOR NOMINATION/CHANGE/CANCELLATION OF NOMINATION UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

To The Branch Manager Punjab & Sind Bank

Sub : Application for Nomination or change/cancellation of Nomination

Sir

I, hereby 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 account no. would be payable in accordance with the provisions contained in rule 6 of Senior Citizen's Savings Scheme, 2004.

Table with 5 columns: Sl, Name(s) of the nominee(s) alongwith relationship with the depositor(s), Permanent Address, Date(s) of birth of nominee(s) in case of a minor/age in other case(s), Share of nominee(s) in amount payable

2* As the nominee(s) at Serial No.(s) above is/are minor(s), I appoint Sri/Smt/Kumari [name(s) in full with complete 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).

3* This is in supercession of the nomination(s) made by me earlier at the time of opening of account/vide my application dated

4* I hereby request to cancel the nomination made by me earlier vide application dated

Witnesses [Signature, name and address]

1 Signature of the Depositor (Name and Address)

2 Date at place

* Score out whichever is not applicable

FOR THE USE OF DEPOSIT OFFICE

The above nomination has been registered on AND/OR the earlier nomination dated has been changed/cancelled. Necessary entries have been made in the Passbook (No.) and relevant Ledger folio No. accordingly.

Date

Signature of incharge of Deposit Office (alongwith name and designation stamp)

FORM E

[See sub rule(1) of rule 8 and rule 9]

Serial No.....

APPLICATION FOR CLOSURE OF AN ACCOUNT UNDER SENIOR CITIZEN’S SAVINGS SCHEME 2004

To
The Branch Manager
Punjab & Sind Bank

Sub : Application for withdrawal/closure of account

Sir

1 I, son/daughter/wife of resident of and depositor of account no..... (hereinafter referred to as the “said account”) hereby apply for closure of the said account with immediate effect. The interest of Rs..... and deposit of Rs..... TOTAL (INTEREST + DEPOSIT) Rs..... (Rupees) *after adjustment of overpaid interest and/or deduction equal to percent of the deposit, amounting to Rs..... (Rupees) and any other charges, recoverable from me in respect of the account in question, may kindly be refunded to me immediately.

2 The passbook is enclosed.

Signature or thumb impression of the Depositor

FOR USE BY THE DEPOSIT OFFICE

ACCOUNT No..... DATE OF DEPOSIT AMOUNT OF DEPOSIT Rs.....

Withdrawal on account of Interest Rs..... and deposit Rs..... totalling to Rs..... (Rupees)

is sanctioned in favour of the depositor. *Recovery of overpaid interest Rs..... deduction of Rs..... and other charges (to be specified) Rs..... totalling to Rs..... (Rupees) has been adjusted.

NET AMOUNT PAID Rs..... (Rupees)

RECEIPT

Received a sum of Rs..... (Rupees) from (Name of Deposit Office) as per details furnished above.

Signature/Thumb impression of the depositor

* Score out whichever is not applicable

FORM F
(See sub-rules (3) and (4) of Rule 8)

Serial No.....

**APPLICATION FOR CLOSURE OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004 BY SPOUSE
(JOINT HOLDER)/NOMINEE(S)/LEGAL HEIRS**

To
The Branch Manager
Punjab & Sind Bank

Sub : Application for withdrawal/closure of account

Sir

I/We * the spouse (Joint holder/nominee(s)/legal heirs of late, the depositor to the Senior Citizen's Savings Scheme, 2004 account No..... wish to withdraw the entire amount standing to the credit of the deceased in the said account.

Please find enclosed :-

- (i) A certificate in regard to the death of the Depositor
- (ii)* A certificate in regard to the death of Sri/Smt Sri/Smt also the nominee(s) appointed by the Depositor
- (iii)** Succession Certificate/Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.
- (iv) Pass Book of the Depositor
- (v) # Letter of Indemnity
- (vi) # Affidavit
- (vii) # Letter of disclaimer on affidavit

Signature or thumb impression of claimant(s)

Witness (Signature, name and address)

Date

Place

FOR USE BY THE DEPOSIT OFFICE

Withdrawal of Rs..... (Rupees) is sanctioned
Adjustments made (to be specified) Rs....., (Rupees.....)
Net amount payable Rs..... (Rupees)

RECEIPT TO BE SIGNED BY THE CLAIMANT(S)

Received a sum of Rs..... (Rupees) from
..... (name of deposit office) as per details above in full settlement of
our claim

Signature or thumb impression of claimant(s)

- * Delete whichever is not applicable
- * Strike off if there is a valid nomination
- ** To be produced by legal heirs, in the absence of nomination(s) for claims upto Rs.1 lakh

ANNEXURE I TO FORM F
(Letter of indemnity)

To
The Branch Manager
Punjab & Sind Bank

In consideration of your payment or agreeing to pay me/us
.....
(Name(s) of Legal heir(s) the sum of Rs. (Rupees)
standing in the account no. under **SENIOR CITIZENS SAVINGS SCHEME, 2004**
with your office in the name of without
production of letters of administration or a succession certificate to the estate of the deceased
..... (name of the depositor), I/We
..... and we (sureties) do
hereby for ourselves and our heirs, legal representatives, executors and administrators jointly and severally
undertake and agree to indemnify you and your successors and assigns against all claims, demands,
proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by
reason or in consequence of having agreed to pay/or paying me/us the sum as aforesaid.

In witness whereof we have hereunto set my/our hands at this day of
..... in the presence of witnesses,

Signed and delivered by the above named
heir/heirs of the deceased

Signed and delivered by the
above named sureties (Signature, names and address)

1

2

Signature, names and address of witnesses

1

2

ATTESTED
NOTARY PUBLIC

ANNEXURE II TO FORM F
(Affidavit)

To
The Branch Manager
Punjab & Sind Bank

I/We husband of/wife of late aged
..... aged aged sons/daughters of the said late
..... resident of do hereby declare
and solemnly affirm as under:-

1 That I/we am/are the only heir(s) of the deceased who died at
..... on I/We alone represent the estate of Sri/Smt
.....

2 That the deceased did not leave any will and therefore I/we are the only
successor(s) to the estate of the said deceased.

- 1
- 2
- 3

DEPONENTS

VERIFICATION : I/We the above named deponents do hereby verify on solemn affirmation in
..... (name of place) that the contents of this affidavit are true to the best of my/our
knowledge and nothing material has been concealed.

Dated

- 1
- 2
- 3

ATTESTED
OATH COMMISSIONER

DEPONENTS

ANNEXURE III TO FORM F

(Letter of disclaimer on Affidavit)

To
The Branch Manager
Punjab & Sind Bank

I/We (i) Husband of/wife of
Resident of (ii)
..... son/daughter of (iii)
..... son/daughter of do hereby declare and
solemnly affirm as follows :-

(1) That Sri/Smt died intestate on leaving
behind us his/her only heirs.

(2) That we Heirs of our late father/mother ourselves
and on behalf of our heirs, executors, representatives and assigns to hereby relinquish our claims to the
balance of Rs..... which may be credited to the account sought by our mother/father
to be opened in the deposit office in the name of the estate of the said
..... deceased father/mother after the realization of Draft No.....
..... on issued by (name
of the deposit office) and have no objection whatsoever in the balance in the above referred account
no..... together with interest if any, accrued thereon being paid by the Deposit office to our
mother/father Mrs/Mr

1

2

3

DEPONENTS

VERIFICATION : I/We the above named deponents do hereby verify on solemn affirmation that the
contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated

1

2

3

DEPONENTS

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence

Dated

OATH COMMISSIONER

FORM G
(See rule 11)

Serial No.....

To
The Branch Manager
Punjab & Sind Bank

Sir,

Sub : Application for Transfer of account to another Deposit office

I son/daughter/wife of
resident of
depositor of account no..... hereby apply for TRANSFER OF MY ACCOUNT
No..... with deposit of Rs..... (Rupees
.....) under the Senior Citizen's Savings Scheme, 2004 to
.....
..... (name and full address of the transferee deposit office)

The Passbook is enclosed

Signature or thumb impression of the Depositor

Witness *
(Signature, name and address).....

My specimen signature/thumb impressions, as available in the record of transferer deposit office are as below :-

1 1st Depositor

1 <input style="width: 150px; height: 40px;" type="text"/>	2 <input style="width: 150px; height: 40px;" type="text"/>	3 <input style="width: 150px; height: 40px;" type="text"/>
* Witness	* Witness	* Witness

2 Joint Depositor

1 <input style="width: 150px; height: 40px;" type="text"/>	2 <input style="width: 150px; height: 40px;" type="text"/>	3 <input style="width: 150px; height: 40px;" type="text"/>
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Countersigned Postmaster/
Incharge of Transferer Office
Date & office seal

Countersigned Postmaster/
Incharge of Transferer Office
Date & office seal

Counter Postmaster/
Incharge of Transferer Office
Date & office seal

Forwarded to (Transferee Deposit Office) and necessary entries passed
in the office records.

Signature & Office Seal (Transferer Deposit Office)
Date

FOR USE BY THE TRANSFEREE DEPOSIT OFFICE

- A Received application for transfer of account no..... opened on under SENIOR CITIZENS SAVINGS SCHEME, 2004 in the name of and (joint holder, if any) standing on the books of the (name and address of the transferer deposit office) showing deposit of Rs..... (Rupees) due to mature on
- B The entries in the passbook have been checked, necessary entries indicating transfer, have been made and passbook has been returned to the depositor.

Passbook received in original

Signature of Incharge
(with office seal)

Transferee Deposit

.....
(Signature/thumb impression of the depositor)

Date

Date

* In case of thumb impression

to be signed on receipt of the passbook at the transferee deposit office