



FORM A

[See sub-paragraph(1)of paragraph 4]

Serial No.

APPLICATION FOR OPENING A PUBLIC PROVIDENT FUND ACCOUNT UNDER THE PUBLIC FUND SCHEME, 1968.

To,
The Branch Manager,

PAN No.

I here by apply for opening an account under the Public Provident Fund Scheme 1968 in my name/in the name of Kumar/Kumari of whom I am the guardian and tender herewith Rs (Rupees) in cash/ cheque as the initial subscription.

Permanent address of subscriber/guardian

I agree to abide by the provisions of the Public Provident Fund Scheme, 1968, and amendments issued thereto from time to time.

ACCOUNT IN THE NAME OF A MINOR

Date of Birth of minor.....

Applicant's relationship with minor, if any,

(i) I hereby declare that I am not maintaining any other Public Provident Fund Account.

(ii) I hereby declare that I am not maintaining any other Public Provident Fund Account, except an account on behalf of a minor or a Hindu Undivided Family or an association of persons.

Date.....

Signature or Thumb impression of
Subscriber/Guardian

Additional Specimen
Signatures

.....

Note 1:- Where an account is opened on behalf of a Hindu Undivided Family or an association of **persons**, the letters "HUF" or "Association", as the case may be, shall be added after the name of the subscriber.

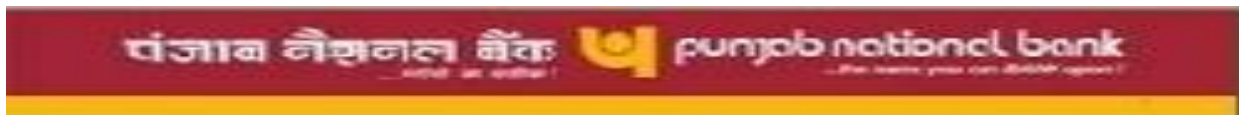
Note 2 :- Delete whichever is not applicable.

FOR THE USE OF ACCOUNTS OFFICE

The account has been opened on.....with Rs..... under Public Provident Fund Account No..... Passbook NO.....has been issued.

Dated.....

Accounts Officer



FORM D

[See paragraph 10]

Application form for a loan under the Public Provident Fund Scheme, 1968

To
The Manager
PNB

I wish to take a loan from Public Provident Fund Account No..... of a sum of Rs..... (Rupees) which I undertake to repay with interest within the period of thirty six months as prescribed in paragraph 11 of the Public Provident Fund Scheme, 1968.

2. I had taken a loan of Rs..... (Rupees) on (date) which has been repaid in full with interest on..... (date).

*3 Certified that the amount for which loan is applied for is required for the use of who is alive and is still a minor.

4. The passbook is enclosed.

Date.....

Signature of Accounts Officer

* To be given only when a loan is sought from a minor's account.

TO BE USED BY THE ACCOUNTS OFFICE

Date of initial subscription

Amount available in the PPF A/C

Amount available for loan in accordance with para 10 of Public Provident Fund scheme.....

Amount of loan actually sanctioned

Date.....

Signature or thumb impression of
subscriber/guardian

Received a sum of Rs.(Rupees) by way of loan
from Public Provident Fund Account No.

Date.....

Signature or thumb impression of
subscriber/guardian



ANNEXURE II (Affidavit)

To,
The Manager,
PNB.....
.....

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 :-

In witness whereof we have hereunto set your hands aton this day ofin the presence of witnesses.

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

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

- 1.
- 2.
- 3.
- 4.

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 our knowledge and nothing material has been concealed.

Dated :

- 1.
- 2.
- 3.
- 4.

Attested
Oath commissioner

DEPONENTS

**FORM C**

[See sub paragraphs (1) and (3) of paragraph 9]

Application form for withdrawal under the Public Provident Fund Scheme, 1968

To
The Manager
PNB

I wish to withdraw from Public Provident Fund Account No..... a sum of Rs..... (Rupees) A period of years has expired from the end of the year in which the initial subscription was made.

1 A. I have not made any withdrawal in the current year.

*2. Certified that the amount sought to be withdrawn is required for the use of who is alive and is still a minor.

3. The Pass Book is enclosed

Date.....

Signature or thumb-impression of
Subscriber/guardian

*Score out whichever is not applicable.

TO BE USED BY THE ACCOUNTS OFFICE

Account No.

Date of initial subscription

Amount available in the PPF A/C

Date on which last withdrawal was allowed

Amount available for withdrawal in accordance with para 9(1)/9(3) of the Scheme

Withdrawal of a sum of Rs Sanctioned.

Date.....

Signature of Accounts Officer

Received a sum of Rs.....(Rupees) by way of withdrawal from Provident Fund Account No.

Date.....

Signature or thumb impression of
Subscriber/guardian

**FORM E**

[See sub paragraph (1) of paragraph 12]

Nomination under the Public Provident Fund Scheme, 1968

To
The Manager
PNB

Ihereby nominate the person(s) 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 Public Provident Fund Account No..... at the time of my death would be payable.

Serial No	Name(s) Of the nominee(s)	Full address(es)	Date of birth of nominee(s) in case of minor	Proportionate amount for each nominee

*As the nominee(s) at Serial No.(s) specified above is/are minor(s), I appoint Sri/Smt./Kumari address to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

Signature of witness :
Name & Address

Signature/Thumb impression
of subscriber

Date:.....

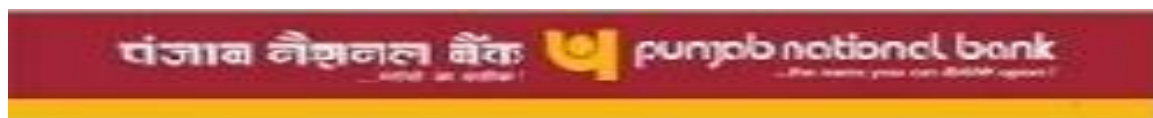
FOR THE USE OF ACCOUNTS OFFICE

The above nomination has been registered on and an entry made in the Passbook.

Date:

Signature of Accounts Officer

*Delete if not applicable.

**FORM F**

[See sub-paragraph(3)of paragraph 12] c

Serial No.

Cancellation or Variation of Nomination previously made in respect of Account No. Under Public Provident Fund Scheme, 1968.

To,
The Manager,
PNB.....
.....

Dated.....

I,..... the subscriber to Public Provident Fund Account No..... hereby cancel the nomination datemade by me in respect of the aforesaid Public Provident Fund Account.

*In place of the cancellation nomination, I hereby nominate the person(s) mentioned below who shall on my death, become entitled to the payment of the sum due on the above account to the exclusion of all other person.

Serial No	Name(s) Of the nominee(s)	Full address(s)	Date of birth of nominee(s) in case of minor	Proportionate amount for each nominee

*To be filled in case of variation only @As the nominee(s) at Serial No.(s)..... is/are minor(s), I appoint Shri./Smt./Kumari..... (Name and full address) as the person to receive the sum due on the account in the event of my death during the minority of the nominee(s).

@Delete if not applicable

Subscriber's Address Signature /thumb impression of subscriber

(1)Witness :

Name :

Address :

(2)Witness :

Name :

Address :

TO BE USED BY THE ACCOUNTS OFFICE

The above cancellation/variation of the nomination has been registered in the ledger and entered in the Passbook.

Date.....

Signature of Accounts Officer

(Forms E and F amended vide Ministry of Finance (DEA) Notification No.F3(8)-PD/84 dated 22/7/1985)

Date.....

Signature or Thumb impression of
Subscriber/Guardian

Additional Specimen
Signatures

.....
Note 1:- Where an account is opened on behalf of a Hindu Undivided Family or an association of persons, the letters "HUF" or "Association", as the case may be, shall be added after the name of the subscriber.

Note 2 :- Delete whichever is not applicable.

FOR THE USE OF ACCOUNTS OFFICE

The account has been opened on.....with Rs..... under
Public Provided Fund Account No.....Passbook NO
has been issued.

Dated.....

Accounts Officer



ANNEXURE I
(Letter of Indemnity)

To,
Manager,
PNB

.....(Name of the Bank) In consideration of your paying or agreeing to pay me/us.....(Names of Legal heirs) the sum of Rs.standing in Public Provident Account No.with your Bank/Post Office in the name of..... without production of letters of administration or a succession certificate to the estate of the deceased (Name of the subscriber) or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due,

I/Weand 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 atOn this..... day ofin the presence of witnesses.

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

Signed and delivered by the above named sureties

1.....

2.....

Names and addresses of witnesses:

1.....

2.....

Attested
Notary Public



FORM H

[See Sub-paragraph (3A) of Paragraph 9]

APPLICATION FOR CONTINUANCE OF ACCOUNT UNDER PUBLIC PROVIDENT FUND SCHEME, 1968 BEYOND 15 YEARS.

To
The Manager,
PNB _____

My Public Provident Fund Account No. has completed 15 years after the initial year of its commencement onI wish to continue to subscribe to my above referred account for a further block period of 5 years according to the limits prescribed in paragraph 3 of the Scheme.

Date _____

Signature or thumb impression
of subscriber/guardian

FOR USE IN ACCOUNTS OFFICE

The account completed 15 years after the year of initial subscription on.....
Subscriber's request has been noted.

Date _____

Accounts Officer

[Form amended vide Ministry of Finance (DEA) Notification
No. F.3(6)-PD/86 dated 20.8.1986]

ANNEXURE III
(Letter of disclaimer on Affidavit)

To,
Manager,
PNB.....

_____ (Name of the Bank) I/We _____ Husband of / wife of _____ residents of _____
(ii) _____ son of /daughters of _____
(iii) _____ son of/daughter of _____ do hereby solemnly affirm and declare as follows:-

1. That Shri/Smt. _____ died intestate on _____ leaving behind us _____ his only heirs.

2. That we _____ heirs of our late father/mother for ourselves and on behalf of our heirs, executor, representatives and assigns do 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 your Branch in the name of the estate of the said _____ deceased father/mother after the realization of Draft No. _____ on _____ issued by _____ (name of Bank) and we have no objection whatsoever in the balance in the above referred account No. _____ together with interest, if any, accrued thereon being paid by the Bank to our said mother/father Mrs./Mr. _____.

- 1.
- 2.
- 3.

DEPONENTS

VERIFICATION: We, the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to our knowledge.

Dated: _____

DEPONENTS

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

Dated: _____

Attested
Oath commissioner

[Annexure I to III to Form G added vide Ministry of Finance (DEA) Notification No.F.3(6)-PD/86 dated: 23.6.1986]



Form G

[See sub-paragraph (6) of paragraph 12]

Application for withdrawal by Nominees/Legal Heirs under the Public Provident Fund Scheme, 1968

To

The Manager,

.....(Name of the Bank) I/we the nominee(s)/legal heir(s) of late..... the subscriber to Public Provident Fund 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 subscriber

* (ii) Certificate in regard to the death of Shri and Shri also the nominee(s) appointed by the subscriber.

** (iii) Succession Certificate/Letters of Administration with attested copy of probated will of the deceased subscriber issued by High Court.

@(iv) Passbook of the subscriber

@(v) Letter of indemnity.

@(vi) Affidavit

@(vii) Letter of disclaimer on affidavit.

Place _____

Date _____

Signature(s)/Thumb impression
of claimant(s)

FOR USE OF ACCOUNTS OFFICE

Withdrawal of Rs.....(Rupees) is sanctioned.

Date _____

Accounts Officer

RECEIPT TO BE SIGNED BY THE CLAIMANT (S)

Received the sum of Rs (Rupees) from the State Bank of/Post Office. in full settlement of our claim.

Place _____

Date _____

Signature(s)/Thumb impression
of claimant(s)

*Delete if not applicable

**Strike off if there is a valid nomination

@To be produced by legal heirs, in the absence of nominations for claims up to Rs.1 lakh