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FORM - 1

[See sub-paragraph (1) of paragraph 3] (Application for opening an account)

To						
The Postmaster/Manage	Paste photograph of applicant/s					
Sir,		••••				
		holder/guardian) hereby ap	oply for opening of an account under			
I tend (Rs						
No date 1. Name of account ho	older					
Husband/Father /me	other's name					
Date of Birth	••••••					
		(DD / MM / YYYY)				
		(In words)				
		OR				
2. Name of minor acco						
Father /mother's na		ian				
Date of Birth	•••••					
			M / YYYY)			
		(In words)				
3. Aadhaar Number o	account holder	/guardian				
		•••••				
) of account holder/guardia				
5. Present Address	••••••					
Permanent Address						
6. Contact details		Telephone Number				
		Mobile Number				
		Email ID				
7. Type of Account		Single or through	gh Guardian for Minor or			
		person of unso	ound mind or blind or differently			
		abled through	authorized person.			

8. (*) Details of date of birth proof	
(Applicable in case of minor account)	
d) Certificate No.	
e) Date of Issue	
f) Issuing authority	
9. (*) Name of Guardian (Natural/Legal)	
(In case the account is opened on behalf of Minor/person of unsound mind)	of a
10. Details of other KYC documents attache	ed 1. Proof of identification
	2. Address proof
as valid documents for the purpose of identification and address proof 1. Passport 2. Driving license 3. Voter' ID card 4. Job card issued by NREGA signed by the State Government office 5. Letter issued by the Nationa Population Register containing details of name and address);	f: 's A er al
The operation of the account will be:- majority.	(a) By the Guardian till the account holder attains (b) By the account holder on attaining majority,
12. Specimen Signatures	
-	2 3.,
	olic Provident Fund Account in the name of the myself/minor
	ing of maximum deposit in the accounts opened in my name paragraph 4 and any deposit in excess of the ceiling will be
I further declare that I and the minor both count office of any change in our residency/citi	are Resident citizen of India and undertake to inform the izenship status in future.
I hereby undertake to abide by the scheme plicable on the Scheme and amendments issued	provisions and Government Savings Promotion rules-2018 d thereto from time to time.
	Signature or thumb impression of account holder /guardiar
nte:	

		N	Nomination			
13. I		here	eby nominate th	ne person(s) menti	oned below to	whom to the
		ons in the event of my	death the amo	ount standing to n	ny credit at the	e time of my
	vould be payable.					
S.No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominee	Date of birth of nominee in case of minor	Share of entitlement	Nature of entitlement Trustee or
1			(optional)			owner
2						
3						
4						
under t 1. Sign Name & 2. Sign	he said account in the ature of witness & Address	Addresse event of my death du	uring the minori		to receive	the sum due
Date.		For use o	of Post Office/	Rank		
initial o		opened in the name of	· · · · · · · · · · · · · · · · · · ·			
Custon	ner identification Nur	mber				
Nomina	ation has been registe	ered vide				
No			dat	ed		

Signature and seal of competent authority.