

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

To
The Postmaster/Manager

Paste photograph of applicant

Sir,

I[account holder/guardian] hereby apply for opening of an account under Mahila Samman Savings Certificate, 2023 in your Post Office/Bank.

I tender herewith Rs /- (Rs.....) in cash/
Cheque/ DD. No..... date..... as initial deposit. My particulars are as under:-

1. Name of First Depositor
Name or the Guardian
Date of Birth
(DD / MM / YYYY)
(In words).....
2. Adhaar Number of account holder
3. Permanent Account Number (PAN) of account holder
4. Present Address:
.....
- Permanent Address:
.....
5. Contact details Telephone Number.....
Mobile Number.....
Email ID.....
6. Type of Account Single or through Guardian for Minor
7. Details of date of birth of minor
(Applicable in case of minor account)
 - a) Certificate No.
 - b) Date of Issue
 - c) Issuing authority
8. Name of Guardian.....
(In case the account is opened on behalf of a Minor)
9. Details of other KYC documents attached
 1. Proof of identification
 2. Address proof

The following documents are accepted as valid documents for the purpose of identification and address proof:
1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by NREGA signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address;

10. My specimen Signatures
- 1.....
(Name).....
- 1.....
(Name).....
- 1.....
(Name).....

I hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on the Scheme and amendments issued thereto from time to time.

Details of my/our other accounts under the Scheme are as under:

S.No.	Name of Scheme	Date of opening of account	Amount deposited	Customer Identification Number	Account number	Name of Post office/Bank
1.	Mahila Samman Savings Certificate, 2023					
2.	Mahila Samman Savings Certificate, 2023					
A separate sheet may be taken in case of furnishing details of more accounts opened along with signature or thumb impression of account holder/guardian.						

Signature or thumb impression of account holder/guardian

Date:.....

Nomination

11. I.....hereby 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 Mahila Samman Savings Certificate, 2023 at the time of my death would be payable.

S.No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominee(optional)	Date of birth of nominee in case of minor	Share of entitlement	Nature of entitlement Trustee or owner
1						
2						
3						
4						

As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....
.....Address.....

.....to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Signature or thumb impression of account holder/guardian

Place:

Date:

For use of Post Office/Bank

The account has been opened in the name of.....on..... with deposit of Rs.....under Mahila Samman Savings Certificate, 2023 vide Account No.....dated.....

Customer identification Number.....

Nomination has been registered vide

No.....dated.....

Signature and seal of competent authority.

FORM – 2
[See paragraph 6(1)]
Application for closure of account

Name of Post Office/Bank _____

Date _____

Account Number _____

1. I hereby submit pass book/deposit receipt and apply for closure of my above mentioned account matured on__.

2. Please Credit the amount of eligible balance in my matured account to my SB Account no.____standing at _____(Name of Account office).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit).

Certified, that the amount sought to be withdrawn to be availed is required for the use ofwho is alive and still a Minor.

Signature or thumb impression of account holder /guardian

(Thumb impression should be attested by a person known to Accounts office)

Payment Order
(For office use only)

Date

Payment detail

Principal amount Rs. _____

(+) Interest due Rs. _____

(-) Recovery of overpaid interest Rs. _____

Deduction if any Rs _____

Total Amount due Rs _____

Pay Rs. _____ (in figurers) _____ (in words)

Date

Signature of Postmaster/Manager

Acquittance

(to be filled by depositor)

Received Rs . _____ (In figures) _____ (in words) By cash/cheque/DD bearing no.....dated...../by transfer to Account No.....

Date:

Signature/thumb impression of account holder /guardian

FORM – 3
[See paragraph 7(1)]
Application for withdrawal

To,
The Postmaster/Manager
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Sir,

I(account holder /guardian) hereby apply for withdrawal from my account as per details below:-

Account Number:.....

Amount of withdrawal applied.....

2. Please Credit the amount of withdrawal to my SB Account no. _____standing at _____(Name of Account office).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit of cash payment).

3. I certify that all the provisions applicable under scheme for grant of withdrawal have been complied with.

*Certified, that the amount sought to be withdrawn to be availed is required for the use ofwho is alive and still a Minor.

Date:- _____ Signature or thumb impression of account holder/guardian

(Thumb impression of the depositor should be attested by a person known to the accounts office)

For office use only

Payment detail

Eligible balance in Account . _____

Less Penalty amount . _____

Total Amount to be paid ₹ . _____(In figures)

(In words) _____

Date Stamp

Signature of Postmaster/Manager

Acquittance

(to be filled by account holder/ messenger)

Received Rs . _____(In figures) _____(in words) By cash/cheque/DD bearing No.)
_____dated _____/by transfer to Account

No _____.

Date

Signature/thumb impression of account holder/guardian

FORM – 4
[See paragraph 8(3)]
Application for premature closure of account

To,
The Postmaster/Manager

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.....
.....

Sir,

1. I wish to prematurely close Account No _____ having balance of _____ (Rupees _____ Only) and request you to pay the amount after deduction of applicable penalty, as per details given below:-

Please Credit the amount to my SB Account no. _____ standing at _____ (Name of Account office).
or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit)

2. I hereby declare that the provisions under which the account can be closed before maturity have been complied with.

*Certified, that the amount sought to be withdrawn to be availed is required for the use ofwho is alive and still a Minor.

Date:- _____ Signature or thumb impression of account holder /guardian

(Thumb impression of the depositor should be attested by a person known to the accounts office)

For office use only
Payment detail

Eligible balance in Account . _____

Less Penalty amount . _____

Total Amount to be paid . _____ (In figures)

(In words) _____

Date Stamp

Signature of Postmaster/Manager

Acquittance

Received Rs . _____ (In figures) _____ (in words) By cash/cheque/DD bearing No.)

_____ dated _____ /by transfer to Account

No. _____.

Date:

Signature/thumb impression of account holder /guardian

Place: