

Form-I

POST OFFICE SAVINGS BANK

SB-3

Application for opening of an account (Saving/RD/TD (1/2/3/5year/MIS/SSA)

ACCOUNT NUMBER (For office use)

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1. Name of Post Office

2. Date of opening of account:

3. Type of Account SB/RD/TD(1/2/3/5Year)/MIS/SSA

4. Denomination (in case of RD account)

5. Amount of initial deposit Rs. (In figures)

Rs. (in words)

6. Mode of initial deposit

(Cash/other. In case of other, please give full detail)

Photograph of depositor (Optional)

7. (i) Full Name of depositor(s) in block letters

1 st Depositor	<input type="text"/>
2 nd Depositor	<input type="text"/>
3 rd Depositor	<input type="text"/>

(ii) Residential address

<input type="text"/>

(iii) Date of birth mandatory for all type of accounts.

8. The account will be operated

<input type="checkbox"/> Singly	<input type="checkbox"/> Jointly (Joint-A)	<input type="checkbox"/> Severally (Joint-B)
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9. In case of Minor Account

(i) Date of Birth of Minor

(ii) Date of majority

(iii) Applicant's relationship with minor

10. I/We wish to open a cheque account. Please furnish me/us Cheque book (in case of saving account only). Mention Yes or No

11. Declarations

(i) I/We hereby undertake to maintain the balance in all my/our accounts single or joint, within the limits specified in the relevant rules, and also furnish on demand from the Post Office Savings Bank, particulars of all such accounts irrespective of the location of post office where opened..

Note:- In case of Saving/MIS account, for the purpose of maximum balance, the depositor's share in the balance of a joint account shall be taken as one half or one third of such balance according as the account is held by two or three adults.

(ii) I/We agree to abide by such rules framed by the Central Government as may be applicable to the account from time to time.

(iii) Certified that I/we do not hold amounts in multiple accounts in excess of the limits prescribed.

(iv) I/We agree to receive the amount from the Post Office without interest in case the deposits/balances exceed the prescribed maximum limit specified in relevant rules.

12.(i)

I do not wish to make nomination	OR	I wish to make nomination as per details given below:-
<input type="text"/>		<input type="text"/>
Signature(s) or Thumb impression(s)		Signature(s) or Thumb impression(s)
If illiterate of applicant		if illiterate of applicant

(ii) I/We nominate the person(s) named below under Section 4 of the Government Savings Bank Act, 1873 (5 of 1873) to be the sole recipient (s) of the amount standing at the credit of the account in the event of my/our death.

Name & address of nominee(s)	Date of Birth (in case of minor)	Name & address of person who may receive the said amount during the minority of the nominee(s)

13. The name(s) of nominee(s) may be entered in the passbook.(Yes/No)

14. Signature of witness in case depositor wish to make nomination in column 12(i)

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Name & Address of witness

15. **Specimen Signature(s)**

Name of applicant (in capital letters)	Specimen Signature of applicant(s)	Nationality

16. **Introduction**

I certify that I have known the above party (ies) for the past.....years..... months and confirm his / her / their occupation (s) and address (es) as stated in this application

Account No. of Introducer (if any)

Name & Full Address _____

Signature of Introducer

17. **Identification (if no introduction is given)**

Document

Name

Issuing Authority

Date of Expiry (if any)

18.

Signature (s) or thumb impression (s) if illiterate, of applicant

*Tel.no..... Mobile no.....E.mail ID.....

*Optional

(For office use)

Introduction or identification accepted and specimen signatures attested

Signature of BPM
Date Stamp

Signature of SPM
Date Stamp

Signature of Postmaster
Date Stamp