## Form D

[See rule 12(3)]

## Form of application for cancellation or variation of nomination

This form shall be filled in by the holder(s) and submitted with the Certificates to the Post Master/Bank Officer of the office where the (Certificates stand registers)

To									
The Post Mas	ster/Branch I	Manager,							
	isan Vikas and reg	detailed he istered	ereby in	cancel t	the nomi	nation prevunder	viously	made by in respect of these	
-	. Become er				=			nentioned below. Who shall or Im due thereof to the exclusion	
SI. No.	Name of	Name of the nominee(s)				Full address		Date of birth of nominee in case of minor	
*To be filled i	n case of va	riation only	1						
								above is/are minor(s), I/We	
• •								e event of my/our death during	
the minority of	•	-							
·		,							
3. The Certific	cates detaile	d below er	nclose	ed.					
SI. No. of Certificates Denomination			n	Date of issue			Office of issue		
Address:-							٧r	ours Faithfully	
, .aa. 000.								, a. a. a. a. a. a. a. j	

			Signature or Thumb impression
Witnes	ses:		
1.	Name	Address	
2.	Name	Address	
Note: I Office/		nolders. The witnesses shall be p	ersons signatures are known to the Post
Order	of the Post Master/Ban	k Officer accepting the nominatio	n.
Date s	tamp of Office/ Seal	Si	gnature of Post Master/Bank Officer