

FORM – F

(See sub-rules (3) and (4) of rule 8)

Serial No.....

APPLICATION FOR CLOSURE OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004 BY SPOUSE(JOINT HOLDER) / NOMINEE(S)/LEGAL HEIRS

TO

The Postmaster/Incharge,

.....(name of the Deposit office)

.....

Subject: Application for withdrawal /closure of account.

Sir,

I/WE* the spouse (Joint holder) / nominee(s) /legal heirs of late....., the depositor to the Senior Citizens Savings Scheme, 2004 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 the Depositor.
- (ii)*A Certificate in regard to the death of Shri/ Shrimati.....and Shri/Shrimati..... also the nominee(s) appointed by the Depositor.
- (iii)** Succession Certificate/Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.
- (iv) Pass Book of the Depositor.
- (v) # Letter of Indemnity.
- (vi) # Affidavit.
- (vii) # Letter of disclaimer on affidavit

Signature or thumb impression of claimant(s)

Witness.....

.....(Signature, name and address).....

Date.....

Place.....

FOR USE BY THE DEPOSIT OFFICE

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

Adjustments made (to be specified)
(Rupees.....)

Rs.....

NET AMOUNT PAYABLE
(Rupees.....)

Rs.....

RECEIPT TO BE SIGNED BY THE CLAIMANT(S)

Received a sum of Rs..... (Rupees.....)
from..... (Name of Deposit office) as per details furnished above, in full
settlement of our claim.

Signature / Thumb impression of the claimant(s)

Signature of in-charge of Deposit Office
(Alongwith name and designation stamp)

***: Delete whichever is not applicable.**

**** : Strike off if there is a valid nomination.**

#: To be produced by legal heirs, in the absence of nomination(s) for claims upto Rs. 1 lakh.

ANNEXURE-I TO FORM - F

(Letter of indemnity)

TO

The Postmaster / Incharge,
..... (Name of the deposit office)

In consideration of your payment or agreeing to pay me /
us.....

.....
[Name(s) of Legal heir(s)] the sum of Rs..... (Rupees.....
.....) standing in the account No.....under **SENIOR
CITIZENS SAVINGS SCHEME, 2004** with your office in the name of
.....without production of letters of administration or a succession certificate to the
estate of the deceased.....(name of the depositor),
I/We..... and
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 at this.....day of.....in
the presence of witnesses,

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

Signed and delivered by the
above named sureties (Signature, names and address)

1.

2.

Signature, names and address of witnesses:

1.

2.

ATTESTED

NOTARY PUBLIC

ANNEXURE-II TO FORM - F
(Affidavit)

TO

The Postmaster / Incharge,
.....(Name of the deposit office)

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 :-

- (1) That I / we am/are the only heir(s) of the deceased.....who died at.....
on..... I / We alone represent the estate of Shri/Smt.....
- (2) That the deceased.....did not leave any will and therefore I / we are the only successor(s) to
the estate of the said deceased.

1.

2.

3.

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 the best of my/our knowledge and nothing material has been
concealed.

Dated.....

1.

2.

3.

DEPONENTS

ATTESTED

OATH COMMISSIONER

ANNEXURE-III TO FORM - F
(Letter of disclaimer on Affidavit)

TO

The Postmaster / Incharge,
.....(Name of the deposit office)

I / We (i)Husband of / wife of
Resident of.....
(ii) son/daughter of
(iii)son/daughter of

do hereby declare and solemnly affirm as follows :-

(1) That Shri/Smt.....died intestate on.....
leaving behind us.....his/her only heirs.

(2) That we.....heirs of our late father/mother for
ourselves and on behalf of our heirs, executors, representatives and assigns to 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 the deposit office in the name of the estate of the said.....
deceased father/mother after the realisation of Draft No.....on
issued by (name of the deposit office) 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 Deposit office to our mother/father
Mrs./Mr.....

- 1.
- 2.
- 3.

DEPONENTS

VERIFICATION: I / We, the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated.....

- 1.
- 2.
- 3.

DEPONENTS

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

Dated.....

Oath Commissioner