

FORM – G

(See rule 11)

Serial No.....

APPLICATION FOR TRANSFER OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO

The Postmaster/Incharge,

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

.....

Subject: Application for Transfer of account to another Deposit office.

Sir,

1. I,, son/daughter/wife of....., Resident of a depositor of account No.hereby apply for TRANSFER OF MY ACCOUNT No.....with a deposit, of Rs.....(Rupees.....) under the Senior Citizens Savings Scheme, 2004 to.....(Name and full address of the transferee deposit office)

2. **The Pass Book is enclosed.**

Signature or thumb impression of the Depositor

Witness.....*

.....(signature, name and address).....

My specimen signature/thumb impressions, as available in the record of transferer deposit office, are as below:-

(i) Ist Depositor:-

1.

2.

3.

*Witness.....

*Witness.....

*Witness.....

(i) Joint Depositor:-

1.

2.

3.

Countersigned Postmaster/Incharge
(Countersigned Postmaster/Incharge
of Transferer office)

Date.....& office Seal

Countersigned Postmaster/Incharge
(Countersigned Postmaster/Incharge
of Transferer office)

Date.....& office Seal

Countersigned Postmaster/Incharge
(Countersigned Postmaster/Incharge
of Transferer office)

Date.....& office Seal

Forwarded to:.....(Transferee Deposit office) and necessary entries passed in the office record(s).

Signature & office seal (Transferer Deposit office)

Date.....

FOR USE BY THE TRANSFEE DEPOSIT OFFICE

A. Received application for transfer of account No.....opened on..... under SENIOR CITIZENS SAVINGS SCHEME, 2004, in the name of &.....(joint holder, if any) standing on the books of the.....(name and address of the transferer deposit office) showing a deposit of Rs.....(Rupees.....), due to mature on.....

B. The entries in the pass book have been checked, necessary entries indicating transfer, have been made and pass book has been returned to the depositor.

Pass Book received in Original.

Signature of Postmaster / In-charge
(with office seal) Transferee Deposit Office.

#(Signature/thumb impression of the depositor)

Date.....

Date.....

***: In case of thumb impression.**

#: to be signed on receipt of the pass book at the transferee deposit office.

THIS IS FOR PUBLIC INFORMATION:

Given hereinabove is the electronic version of the Senior Citizens Savings Scheme Rules, 2004. The accuracy of conversion to the electronic medium is subject to usual constraints. Hence, nothing in the above document may in any case be construed as an authority. For legal purposes and/or ruling position, the nearby post office or a designated branch of a bank operating the scheme, may be contacted.

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