

**F. No 25-08/2012-FS (CBS)
Govt. of India
Ministry of Communication
Department of Posts
(F.S. Division)**

**Dak Bhawan, New Delhi-110001
Dated: 15.04.2020**

To,
All Head of Circles/Regions

Subject : Introduction of common/modified forms to be used in National Savings Schemes for CBS and non CBS Post Offices -Regarding.

Sir/Madam,

The Ministry of Finance (Department of Economic Affairs) had notified separate forms for each Small Savings Scheme through revised Schemes Rules 2019 vide Notification Nos. 914(E), 915(E), 916(E), 917(E), 918(E), 919(E), 920 (E), 921(E) and 922(E), dated 12.12.2019.

2. (i) This office has been receiving various references from Field Units and other stakeholders citing difficulties in use of separate forms for each Savings Scheme as well as serious issues in printing/procurement and ensuring availability of all these forms in all the Post Offices (including EDBOs) doing POSB operations. The issue was examined and deliberated in detail by this office in consultation with NSI and since this is a purely operational issue, the competent authority has decided to allow use of the following common forms by the all Post Offices, instead of separate form for each scheme:-

1. Application form for Opening of Account/Purchase of Certificate (AOF)
2. Pay-in Slip (SB-103)
3. Application form for Closure of Account on Maturity. (SB-7A)
4. Application form for Premature Closure of Account. (SB-7B)
5. Application form for Loan/withdrawal from RD/PPF and SSA Accounts (SB-7C)
6. Application form for extension of RD/TD/PPF/SCSS Accounts.

(ii) Additional form (Annexure-I) prescribed for PPF/SCSS vide SB Order 06/2015 dated 09.06.2015 shall be discontinued.

(iii) For normal withdrawal from Post Office Savings/NSS-87 Accounts and withdrawal of periodical interest from TD/MIS/SCSS accounts, existing withdrawal form (SB-7) shall continue to be used.

(iv) While using AOF, non-CBS post offices may ignore SOL/CIF ID related fields (as they would not be there) till the Post Office is migrated to CBS.

(v) While opening of new accounts, a separate form (Annexure II) (prescribed vide SB Order 06.2015 dated 09.06.2015) should also be taken by CBS Post Offices from new customers/depositor (not having CBS account in Post Offices/not updated their KYC in existing account(s)).

(vi) In case, any depositor submits any of the notified forms in revised schemes rules 2019, that form may also be accepted.

3. It is requested to circulate this SB Order alongwith copy of Forms enclosed to all concerned for information and necessary action. The same may also be placed on the notice boards of the Post Offices in public area.

4. This issues with the approval of Competent Authority.

Yours Faithfully,


15/04/2020

(Devendra Sharma)
Assistant Director (SB)

Enclosed:-

1. Application form for Opening of Account/Purchase of Certificate (AOF)
2. Pay-in Slip (SB-103)
3. Application form for Closure of Account on Maturity. (SB-7A)
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5. Application form for Loan/withdrawal from RD/PPF and SSA Accounts (SB-7C)
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Copy to:-

1. Sr. PPS to Secretary (Posts)/Sr.PPS to Director General Postal Services.
2. PPS/ PS to Addl. DG (Co-ordination)/Member (Banking)/ Member (O)/ Member (P)/ Member (Planning & HRD)/ Member (PLI)/ Member (Tech).
3. Addl. Director General, APS, New Delhi
4. Additional Secretary & Financial Adviser
5. Chief General Manager, BD Directorate / Parcel Directorate / PLI Directorate
6. Sr. Deputy Director General (Vigilance) & CVO) / Sr. Deputy Director General (PAF)
7. Director, RAKNPA / GM, CEPT / Directors of all PTCs
8. Director General P & T (Audit), Civil Lines, New Delhi
9. Secretary, Postal Services Board/ All Deputy Directors General
10. All General Managers (Finance) / Directors Postal Accounts / DDAP
11. Chief Engineer (Civil), Postal Directorate
12. All Sections of Postal Directorate
13. All recognized Federations / Unions/ Associations
14. GM, CEPT for uploading the order on the India Post website.
15. MOF(DEA), NS-II, North Block, New Delhi.
16. Joint Director & HOD, ICCW Building, 4 Deendayal Upadhyay Marg, New Delhi-110002
17. Guard File
18. Spare copies.



POST OFFICE SAVINGS BANK
APPLICATION FORM FOR OPENING OF ACCOUNT/PURCHASE OF CERTIFICATE
FOR USE OF POST OFFICE

(AOF)

Post Office		Tran-ID		SOL ID		Date of Maturity	
Account Number				CIF-ID (1)			
CIF-ID (2)				CIF-ID (3)			

Instructions: i. Please tick (V) the appropriate box, ii) Use CAPITAL LETTERS only while filling in the application form and iii) Submit the self-attested copies of the Documents.

To
 The Postmaster

Paste photograph
of applicant/s

Paste photograph
of applicant/s

Paste photograph
of applicant/s

Madam/Sir,

I/We(Applicant/ guardian) hereby apply for opening of an account under(Savings/RD/ 1,2,3,5 Years TD/MIS/SCSS/PPF/SSA/KVP/NSC VIIIth Issue) scheme in your Post office in my/our name(s)/in the name of minor or person of unsound mind.

- (i) Cheque Book required (for Post Office Savings Account) Yes No.
 (ii) Account Holder Type :- Self Minor through Guardian Person of unsound mind through guardian.
 (iii) Account Type:- Single Either or Survivor (Joint B) All or Survivor(s) (Joint A)

1. In case of account opened in the name Minor/ Person of unsound mind.

Name of Minor/ Person of unsound mind	Date of Birth(DD/MM /YYYY) and in words	Gender (M/F/O)	Name of Guardian, Relationship and status – Natural or Legal
1.			
2.	Details of proof of age of minor along with its date of Issue and Issuing Authority (In case of SSA A/c Birth Certificate is mandatory)		

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

Particulars	1 st Applicant	2 nd Applicant	3 rd Applicant
Name of the Applicant/ Guardian			
Name of Husband/ Father/ Mother			
Gender (M/F/O)			
Date of Birth (DD/MM/YYYY) and In words (mandatory)			
Aadhaar Number			
PAN Number*			
CIF ID (existing A/Cs holders)			
<u>Present Address:-</u> House/Locality/Village & Post Office/City/District/ State/Pin Code			
<u>Permanent Address:-</u> House/Locality/Village & Post Office/ City/ District/ State/Pin Code			
Telephone No./Mobile No.*			
E-mail ID			
<u>ID Proof</u> (Document No./Date of Issue/ Issuing Authority)			
<u>Address Proof</u> (Document No./Date of Issue/ Issuing Authority)			
For SCSS Account details of proof of age (Doc. No., issue Date and Issuing Authority)			

(If Aadhaar Card details are not provided, any of the following documents can be 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.

Specimen Signatures

1..... 1..... 1.....
 2..... 2..... 2.....
 3..... 3..... 3.....
 Name:-.....Name:-.....Name:-.....

3. Declarations

General:- (1) I/We 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 available at <https://www.indiapost.gov.in/VAS/Pages/RTI/RTI-Manual-5.aspx>)

(2) I/We further declare that I/We/Minor/person of unsound mind is/are Resident citizen of India and undertake to inform the account office of any change in My/our residency/citizenship status in future.

(3) I hereby agree that account will be operated by me till account holder attained age of 18 years and thereafter, account holder will operate the account. (In case of SSA and Minor Account opened through Guardian).

(4) In case services of SAS/MPKBY Agent are taken: -

Name of Agent Authority No.....Date of validity.....

(5) Standing Instruction (i.e. MIS to SB, SB to RD etc.) if any.....

SSA :- I hereby declare that no other account has been opened under Sukanya Samridhi Account in the name of the depositor in any of the Post office/Bank in the country.

PPF :- (1) I hereby declare that no other account has been opened under Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

(2) I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors as per provision of the scheme and any deposit in excess of the ceiling will be treated as in contravention to the Scheme provisions.

MIS/SCSS :- I/We hereby declare details of my/Our existing accounts* as on today under "National Savings Monthly Income Account/ Senior Citizen Savings Scheme" in any of the Post Office/Bank in the country.

Sl.No.	Name of Scheme (MIS or SCSS)	Date of opening of account	Amount deposited	Customer Identification Number (CIF No.)	Account Number	Name of Post Office/Bank
1						
2						

*If number of accounts is more, details of all accounts should be filled and attached as annexure duly signed.

Please tick (V) the appropriate box

Date:-

Signature or thumb impression of Applicant(s)/Guardian

4. Nomination

I/We.....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(Name of Scheme) 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 nominee	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/We 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/Our death during the minority of the nominee(s).

(In case, applicant(s) is/are illiterate)

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Place:

Date:

Signature or thumb impression of Applicant(s)/Guardian

FOR USE OF POST OFFICE

I have carefully examined this application and Identification as well as address proof documents submitted. Opening of account is approved.

Account has been opened in the name of.....with Rs.....on..... (Date) underscheme vide A/c No. dated

Nomination registration details:-

<p>Date Stamp</p> <p style="text-align: center;">Signature of GDS Branch Post Master</p> <p style="text-align: center;">Name Stamp of EDBO</p>	<p>Date Stamp</p> <p style="text-align: center;">Signature of Sub/Asst./Head Post Master</p> <p style="text-align: center;">Designation stamp</p>
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Pay in Slip

(SB-103)

POST OFFICE SAVINGS BANK
(Counterfoil for customer)

.....Post Office

Date	D	D	M	M	Y	Y	Y	Y
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Account Type :-
SB RD TD MIS SCSS PPF SSA KVP NSC, Others....

Account Number

--	--	--	--	--	--	--	--	--	--

Pay into the credit of Mr./Mrs./Ms. :

Rupees (In words).....

by Cash/ DD/Cheque No.....

Date:.....(subject to realization)

₹...../

Bank's Name and IFSC Code:.....

Break up of Deposit:

In case of RD:- for the month(s)

Rebate amount..... Default amount

In case of PPF/SSA:- for the Financial year.....

Default amount

Loan Repayment..... Interest on loan

Dated Stamp

Initial of PA/SPM/GDS BPM

POST OFFICE SAVINGS BANK

Account Type:- SB RD TD MIS SCSS PPF SSA KVP NSC, Others.....

.....Post Office Transaction ID:.....

Account Number

--	--	--	--	--	--	--	--	--	--

 Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Pay into the credit of Mr./Mrs./Ms.

Rupees (in words):

by Cash/DD/ Cheque No.....Date:.....(subject to realization)

₹...../

Bank's Name..... Bank Branch IFS Code

Break up of Deposit:

In case of RD:- for the month(s) rebate Amount.....default Amount.....

In case of PPF/SSA:- for the Financial Year..... default Amount

Loan Repayment..... Interest on loan

Date Stamp

Initial of PA/SPM/GDS BPM

Signature of Depositor

Depositor Name & AddressMobile No.

SB - Savings Account, RD- Recurring Deposit, MIS- Monthly Income Scheme, SCSS- Senior Citizen Saving Scheme, PPF- Public Provident Fund, SSA - Sukanya Samridhi Account,TD-Time Deposit(1/2/3/5 year), KVP-Kisan Vikas Patra, NSC-National Savings Certificates VIIIth Issue

Application form for extension of RD/TD/PPF/SCSS Account

To,

The Postmaster

.....

Sir,

1. I/We _____ is/are depositor of Account Number _____ under(Recurring Deposit/National Savings Time Deposit Scheme for 1/2/3/5 years/ Public Provident Fund/ Sr. Citizen Savings Scheme) in your office. The said account was opened on _____ and has/will mature on _____ for payment.

2. I/We hereby request for extension of the account for a further period of _____ year(s) in case of RD and TD/Block period of 5years in case of PPF/Block period of 3 years in case of SCSS, as per applicable scheme provisions from the date of maturity of the above said account.

3. I/We have understood the terms and conditions applicable to the account during the period of extension under the said scheme as amended from time to time and shall abide by them.

4. I/We hereby declare that I/We, and the minor(in case of minor account) continues to be Resident Citizen of India at the time of commencement of the extension period.

Place:

Date:

Signature of the account holder(s)/guardian
(Name and address)

For the use of Post Office

The account no. which was opened onwith Rs.

.....

(Rupees) under (Name of scheme) and matured on, has been extended for a period of years with effect from to under scheme provisions.

Necessary entries have been made in the records and pass book/deposit receipt/ statement of account.

Place:

Date:

Signature of Postmaster

Seal

