

FORM-C

(See rule 6)

Serial No.....

APPLICATION FOR NOMINATION/CHANGE/CANCELLATION OF NOMINATION UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO

The Postmaster/Incharge,

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

.....

.....

Subject: Application for Nomination or Change/Cancellation of Nomination.

Sir,

1.* I.....hereby nominate the following person / persons, mentioned below, to whom, to the exclusion of all other persons, in the event of my death the amount standing to my credit in the account No.....would be payable in accordance with the provisions contained in rule 6 of Senior Citizens Savings Scheme Rules, 2004.

TABLE

Sl. No.	Name(s) of the nominee(s) alongwith relationship with the depositor	Permanent Address	Date(s) of birth of nominee(s) in case of a minor/ age in other case(s)	Share of the nominee(s) in the amount payable.
(1)	(2)	(3)	(4)	(5)

Photograph(s) of the nominee(s)
(6)

Signature/thumb impression of the nominee(s)
(7)".

2.* As the nominee(s) at Serial No.(s).....above is/are minor(s), I appoint Shri/Smt./Kumari.....[name(s) in full with complete address(es) of the person(s) in respect of each minor nominee] to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

3.* This is in supercession of the nomination(s), made by me earlier at the time of opening of account/ vide my application dated.....

4.* I....., hereby request to cancel the nomination made by me earlier vide my application dated.....

Witnesses(Signature, name and address):

1.....

2.....

Signature of the depositor

(Name and address)

Date.....At (Place).....

***Score out whichever is not applicable.**

FOR THE USE OF DEPOSIT OFFICE

The above nomination has been registered on..... AND/OR the earlier nomination dated.....has been changed/cancelled.

Necessary entries have been made in the Pass Book (No.....) and relevant Ledger folio No..... accordingly.

Date.....

Signature of the Incharge of Deposit Office
(alongwith name and designation stamp)

