

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:

(1) 1st Depositor:

1. 2. 3.

*Witness..... *Witness..... *Witness.....

(i) Joint Depositor:-

1. 2. 3.

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

Date.....& office Seal Date.....& office Seal 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 TRANSFEREE 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.....

8. The entries in the pass book have been checked, necessary entries indicating transfer, have been made and passbook 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.

Subject: Application for transfer of account No.
Resident of
depositor of account No.
deposit of Rs. (Rupees)
Savings Scheme, 2004 to
Name and full address of the transferee deposit office)

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 the transferee deposit office, are as below:
(i) Joint Depositor

Three empty rectangular boxes for specimen signatures.

Witness

Witness

Witness

(i) Joint Depositor

Three empty rectangular boxes for witness signatures.

Counselling Postmaster/In-charge
of Transferee office)

Counselling Postmaster/In-charge
of Transferee office)

Counselling Postmaster/In-charge
of Transferee office)

Date & office Seal

Date & office Seal

Date & office Seal

Forwarded to
in the office record(s)

Signature & office Seal (Transferee Deposit Office)

FOR USE BY THE TRANSFEEE DEPOSIT OFFICE

A: Received application for transfer of account No. opened on
under SENIOR CITIZENS SAVINGS SCHEME, 2004 in the name of
B: (Joint) (name and address of the transferee deposit office) showing a
deposit of Rs. (Rupees)