

CIF NO: A/C NO: **FORM A**

[See sub paragraph (1) of paragraph 4]

Application for opening a Public Provident Fund Account under the Public Provident Fund Scheme 1968To
The Chief / Branch Manager
State Bank of India

Paste Recent
Passport Size
Colour Photograph.

PAN:

I, _____ hereby apply for opening an account under the Public Provident Fund Scheme 1968 in My Name / In the Name of Kumar / Kumari _____ of whom I am the Guardian and tender herewith ₹ _____ (Rupees _____ only) in Cash / Cheque as the initial Subscription.

Permanent Address of Subscriber / Guardian _____

I agree to abide by the provisions of the Public Provident Fund Scheme, 1968 and amendments issued thereto from time to time.

ACCOUNT IN THE NAME OF SELF / MINOR(S):

Date of Birth of Minor: ____/____/____ Applicant's relationship with minor, if any: _____

- (i) I hereby declare that I am not maintaining any other Public Provident Fund Account
- (ii) I hereby declare that I am not maintaining any other Public Provident Fund Account, except an account on behalf of a Minor or a Hindu Undivided Family or an association of persons.
- (iii) I hereby declare that the details of other Public Provident Fund accounts opened earlier by me are as under :-

| Sl. No | Description | Name/Address of the Bank / Post office and Account No. |
|--------|---|--|
| 1 | Self account | |
| 2 | In the name of minor(s) of whom I am the guardian | |
| 3 | HUF Account | |
| 4 | In the name of Association of Persons | |

(iv) I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is ₹ 1,00,000/- in a financial year at present in each of the following types of Public Provident Fund Account.

- a. Individual Self Account and Account(s) on behalf of minor(s) of whom I am the Guardian.
- b. Hindi Undivided Family Account
- c. Association of Persons account as applicable in the State of Goa and Union Territories of Dadra and Nagar Haveli and Daman and Diu.

In case, at any time the said declaration is found untrue/false, no interest shall be payable to me/the subscriber on the amount of deposit found in excess of the prescribed limit.

Date: ____/____/20____

Signature or Thumb impression of
Subscriber/Guardian

(Additional specimen signature)

Note: Delete whichever is not applicable

FOR THE USE OF BRANCH

The PPF Account has been opened on ____/____/20____ with ₹ _____/- under Public Provident Fund.

Account No :

| | | | | | | | | | | | | | | | | | | | |
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Passbook No :

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|--|--|--|--|

 has been issued

Date: ____/____/20____

Branch / Service Manager