

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 1968Paste Recent
Passport Size
Colour Photograph.To
The Chief / Branch Manager
State Bank of India
KARUMANDAPAM
TRICHYPAN: ABCD E123F.....I, JANE HENZY SHEEBA 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 ₹5000/- (Rupees FIVE THOUSAND only) in Cash / ~~Cheque~~ as the initial Subscription.Permanent Address of Subscriber / Guardian NO 1, FIRST STREET, CARNAVAR, TRICHY.

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: 25/05/2010 // Applicant's relationship with minor, if any: MOTHER

- (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	<u>SBI CANTONMENT / 12345678</u>
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.

- Individual Self Account and Account(s) on behalf of minor(s) of whom I am the Guardian.
- Hindi Undivided Family Account
- 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: 15 / 02 / 20 21

Signature
Signature or Thumb impression of
Subscriber/~~Guardian~~

Signature

(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 :

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

Passbook No :

--	--	--	--

 has been issued

Date: ___ / ___ / 20___

Branch / Service Manager



FORM - E

[See sub paragraph (1) of paragraph 12]
Nomination under the Public Provident Fund Scheme, 1968

To,
The Chief / Branch Manager
State Bank of India
KARUMANDAPAM

I, JANE HENRY SHEPA 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 the Public Provident Fund Account No _____ at the time of my death would be payable.

Serial No	Name(s) of the Nominee(s)	Full Address(es)	Date of birth of nominee(s) in case of minor / AGE	Proportionate amount for each nominee
	CHANDRASEKAR	NO. 1 FIRST FLOOR CAR STREET TRICHY	07-07-1979	100%

* As the nominee(s) at Serial No(s) _____ specified above is/are minor(s), I appoint Sri / Smt / Kumari _____ Address _____ to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

* Delete if not applicable.

Sign.

Signature/Thumb impression of
Subscriber

(1) Witness : _____ (Signature)
Name : _____
Address : _____

(2) Witness : _____ (Signature)
Name : _____
Address : _____

Date : 15/02/2021

TO BE USED BY THE BRANCH OFFICE

The above nomination has been registered on ___/___/20___ and an entry made in the Passbook with Nomination No: _____

Date : ___/___/20___

Branch / Service Manager

STANDING INSTRUCTION

FROM

JANE HENRY SHEEDA
NO 1, FIRST FLOOR
CAR STREET
TRICHY - 620001

DATE: 15-02-2021

CONTACT NO: 9876543210

TO

The Manager
State Bank of India,
Karumandapam
Tiruchirappalli-620001

Dear Sir,

I hereby authorize you to debit my Savings Bank Account No. 12345678910

(Maintained at CANTONMENT Branch) a sum of Rs. 5000/-

towards payment of Principal and Interest of My Loan Account No. _____

(maintained at _____ Branch) for _____ months from the month of

MARCH, 2021 on 10th of every month.

a sign.

Yours faithfully,

BORROWER