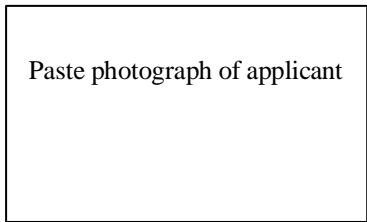


FORM - 1
[See paragraph 3(1)]
Application for opening an account

To
The Postmaster/Manager
.....
.....



I [Account holder/ Guardian] hereby apply for opening of an account under Mahila Samman Savings Certificate, 2023 in your Post Office/Bank.

I tender herewith Rs /-
(Rs.....) in cash/Cheque/DD.
No..... Dated..... as initial deposit. My particulars are as under:-

1. Name of First Depositor _____
(In case the Depositor is a Minor)
Name or the Guardian
Date of Birth (DD/MM/YYYY)
2. Aadhaar Number of account holder _____
3. Permanent Account Number PAN) of account holder _____
4. Present Address
.....
Permanent Address
.....
5. Contact details Telephone Number.....
Mobile Number.....
Email ID.....
6. Type of Account : Single or through Guardian for Minor
(In case the account is opened on behalf of a Minor)
7. Details of date of birth of minor
 - a. Certificate No. _____
 - b. Date of Issue _____
 - c. Issuing authority _____
8. Name of Guardian.....
Pan of Guardian (If Minor Pan is Not Available) _____

9. Details of other KYC documents attached

1. Proof of identification _____

2. Address proof _____

The following documents are 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;

10. My specimen Signatures

(Name).....

I 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 of my/our other accounts under the Scheme are as under:

S.No.	Name of Scheme	Date of opening of account	Amount deposited	Customer Identification Number	Account number	Name of Post office/Bank
1.	Mahila Samman Savings Certificate, 2023					
2.	Mahila Samman Savings Certificate, 2023					

A separate sheet may be taken in case of furnishing details of more accounts opened along with signature or thumb impression of account holder/guardian.

Signature or thumb impression of account holder/guardian

Date:.....

Nomination

11. I.....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 Mahila Samman Savings Certificate, 2023 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	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 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 death during the minority of the nominee(s).

1. Signature of witness.....
Name & Address.....

2. Signature of witness.....
Name & Address.....

Signature or thumb impression of account holder/guardian

Place:
Date:

For use of Post Office/Bank

The account has been opened in the name of.....on.....
with deposit of Rs.under Mahila Samman Savings Certificate, 2023
Vide Account No.....dated.....
Customer identification Number..... Nomination has been registered vide
No.....dated.....

Signature and seal of competent authority