

SUKANYA SAMRIDDHI ACCOUNT SCHEME, 2019

FORM – 1

[See sub-paragraph (3) of paragraph 3]

(Application for opening an account)

To

The Postmaster/Manager

.....
.....



Sir,

I(Applicant/guardian) hereby apply for opening of an account under.....Sukanya Samriddhi Account Scheme in your Post Office/Bank.

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

1. Name of the Depositor

.....
Date of Birth
(DD / MM / YYYY)
(In words).....

2. Name of Guardian

Husband/Father /mother's name

.....
Date of Birth
(DD / MM / YYYY)
(In words).....

3. Aadhaar Number of guardian

4. Permanent Account Number (PAN) of guardian

5. Present Address

Permanent Address

6. Contact detail

Telephone Number.....

Mobile Number.....

Email ID.....

7. Type of Account

Minor

8. (*)Details of Birth Certificate of the depositor

a) Certificate No.

b) Date of Issue

c) Issuing authority

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. The operation of the account will be:-

(a) By the Guardian till the depositor attains majority.

(b) By the depositor herself on attaining majority,

11. Specimen Signatures

1.....

2.....

3.....

(Name).....

I hereby declare that I have not opened a Sukanya Samridhi Account in the name of the depositor mentioned at serial number 1 in any of the Post office/Bank in the country.

I further declare that I and the depositor both are Resident citizen of India and undertake to inform the account office of any change in our residency/citizenship status in future.

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.

Signature or thumb impression of guardian

Date:.....

Nomination

17. 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(Name of Scheme) 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 in case of minor	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 guardian

Place:

Date:

For use of Post Office/Bank

The account has been opened in the name of.....on with.....
 initial deposit of Rs.....with Account No.....
 datedCustomer identification Number.....
 Nomination has been registered vide
 No.....dated.....

Signature and seal of competent authority

