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

	Postmaster/Manager		Paste photograph of applicant			
· · · · · · · · · · · · · · · · · · ·						
	Savings Certificate,	[account holder/guardian] hereby apply for op 2023 in your Post Office/Bank.	-			
	herewith Rs	/- (Rs date as initial deposit. My particulars are				
-						
1.	Name of First Depo Name or the Guardia Date of Birth					
2.	Adhaar Number of a	account holder				
3.		Number (PAN) of account holder				
4.	Present Address:					
	Permanent Address:					
5.	Contact details	Telephone Number Mobile Number Email ID				
6. 7.	Type of Account Single or through Guardian for Minor Details of date of birth of minor (Applicable in case of minor account)					
	b) Da	rtificate No. te of Issue uing authority				
8.	Name of Guardian	s opened on behalf of a Minor)				
9.	Details of other KY	C documents attached				
		1. Proof of identification2. Address proof				
	1. Passport 2. Drivin	nents are accepted as valid documents for the purpose g license 3. Voter's ID card 4. Job card issued by NRE ed by the National Population Register containing de	GA signed by the State Governmen			
10.	My specimen Signa	tures				
1						
	 me)					
2						

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.

S.No.	Name of Scheme	Date of opening of	Amount	Customer Identification	Account number	Name of Post office/Bank	
		account	deposited	Number	number	Office/ Dalik	
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.						

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

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 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.

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 Ma	ahila Samman	Savings (	Certificate, 2023	vide	Account	
No.		_dated		·				
Customer identification Number								
Nor	ination ha	S	been		registered		vide	
No		dated						

Signature and seal of competent authority.