FORM A

[See sub-paragraph (1) of paragraph 4] Serial No.

## STATE BANK OF

## Application for opening a Public Provident Fund Account under the Public Provident Fund Scheme, 1968

To The Branch Manager/Post master

(Name of the bank/Post office)

Paste here a copy of recent passport size photograph

PAN No.

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 Rs. \_\_\_\_\_\_ (Rupees \_\_\_\_\_\_) 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 and account on behalf of a minor.

(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
		N0.
1. Sel	f account	
2.	In the name of minor(s) of whom I am the guardian	

- 1 [(iv) I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from thime to time, which is Rs. 1,50,000 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, taken all the account s together;

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 deposits found in excess of the prescribed limit]

(v) I shall be utilizing the services of Shri/M/s. PPF Agency No. , who has canvassed for opening of this PPF account, or

I shall be investing directly and not through any agent.

Date

Signature or thumb impression of subscriber/Guardian

Additional specimen signatures

Note 1 : [\*\*\*]

<sup>\*\*</sup> The subscriber/applicant who are not assessed to income-tax or do not have PAN/GIR No. may furnish attested copy of the ration card or voter's identity card or passport for identification.

**Note 2:** Delete whichever is not applicable.

## FOR THE USE OF ACCOUNTS OFFICE

The account has been opened on			with Rs.	under Public Provident F	und Account No		Pass	
Book No		has been i	ssued.	_				
Date								
						Ac	counts Of	ficer