FORM -11 (PPF Deceased Claim application form)

(See Rule 15 of Government Savings Promotion Rules, 2018) Application for settlement of an account of the deceased depositor by nominee or legal heirs under National Savings Scheme)

To The Manager

| /e | the nom | inee(s)/legal | heirs of |
|--|--|--|--|
| | , the depositor to account N | | |
| | (Name of scheme), appl | | |
| nount standing to the cre ereby submit the followi | dit of the deceased in the said acco ng documents :— | unt. In suppor | t of the claim, |
| 1. Death certificate of d | lepositor/s. | | |
| 2. Death certificate of S the depositor(s).(***) | h./Smt,also tl | he nominee(s) | appointed by |
| of the deceased depos 4. Letter of Indemnity(* | te//letters of administration with atl itor issued by ') | • • | • |
| 5. Affidavit(*) | | | |
| 6. Letter of disclaimer of | on affidavit(*) eceipt/statement of account | | |
| | Signature/thun | - | |
| Date | Address_ ould be attested by a person known | n to the Accou | ints office). |
| Date | Address_ ould be attested by a person known legal heirs, in the absence of nom | n to the Accou | ints office). |
| Date (*) To be produced by lakh. (**) Strike off if there is (***) Strike off if not ap | Address_ ould be attested by a person known legal heirs, in the absence of nom a valid nomination. oplicable | n to the Accou | ints office). ims upto Rs.5 |
| Date (*) To be produced by lakh. (**) Strike off if there is (***) Strike off if not ap | Address_ ould be attested by a person known legal heirs, in the absence of nom a valid nomination. | n to the Accou | ints office). ims upto Rs.5 |
| Date (*) To be produced by lakh. (**) Strike off if there is (***) Strike off if not ap Withdrawal of Rs. | Address_ ould be attested by a person known legal heirs, in the absence of nom a valid nomination. oplicable | n to the Accou | ints office). ims upto Rs.5 |
| Date (*) To be produced by lakh. (**) Strike off if there is (***) Strike off if not ap | Address_ ould be attested by a person known legal heirs, in the absence of nom a valid nomination. oplicable For office use only | n to the Accou ination for clai | ints office). ims upto Rs.5 |
| Date (*) To be produced by lakh. (**) Strike off if there is (***) Strike off if not ap Withdrawal of Rs. | Address_ ould be attested by a person known legal heirs, in the absence of nom a valid nomination. oplicable For office use only (Rupees | n to the Accou | ints office). ims upto Rs.5 _ only) is |
| Date (*) To be produced by lakh. (**) Strike off if there is (***) Strike off if not ap Withdrawal of Rs. | Address_ ould be attested by a person known legal heirs, in the absence of nom a valid nomination. oplicable For office use only (Rupees | n to the Accou ination for clai | ints office). ims upto Rs.5 _ only) is |
| Date (*) To be produced by lakh. (**) Strike off if there is (***) Strike off if not ap Withdrawal of Rs sanctioned. | Address_ ould be attested by a person known legal heirs, in the absence of nom a valid nomination. oplicable For office use only (Rupees | n to the Accou ination for clai Signatur Date | ints office). ims upto Rs.5 _ only) is re of Manage |

Signature/thumb impression of claimant/s

FORM -13

(See Rule15 of Government Savings Promotion Rules, 2018)

<u>Affidavit</u>

(To be produced by legal heirs, in the absence of nomination for claims upto Rs.5 lakh.)

To,

The Postmaster/Manager

.....

Sir,

| I/We |
|---|
| husband of/wife of/son of/daughter of |
| late |
| d depositor) resident of do hereby declare and solemnly affirm as under:— |
| (1) That I/we am/are the only heir(s) of late |
| 1(Signature) |
| 2. |
| 3. |
| 4. |
| Deponents Verification: I/we, the above named deponents do hereby verify on solemn affirmation in (Name of Place) that the contents of this affidavit are true to my/our knowledge and nothing material has been concealed. Dated:— 1(Signature) |
| 2. |
| 3. |
| 4. |
| Depenante |

Deponents Attested

Oath Commissioner/Notary Public

FORM -14

(See Rule15 of Government Savings Promotion Rules, 2018) Letter of disclaimer

(To be produced by legal heirs, in the absence of nomination for claims upto Rs.5 lakh.)

To,

The Manager

| • | • | • • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • • | • • | • • | • | • | • | • | • | • | • | • | • • | • • | • • | | | • • | • | |
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| • | • | • | | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | • | • • | | | | • | • | • | • | • | • | • | ••• | | | | | | | , |

Sir,

| I/We |
|--|
| husband of/wife of/son of/daughter of |
| late(deceased depositor) |
| resident of do hereby declare and |
| solemnly affirm as under:- |
| (1) That late(deceased |
| depositor) died intestate on Leaving behind us as his/her |
| only heirs. |
| (2) That I/weheirs of |
| late(deceased depositor) for ourselves and on |
| behalf of our heirs, executors, representatives and assigns do hereby relinquish our |
| claims to the balance of Rs payable to the heirs of |
| late(the deceased) which may be credited to the |
| account sought by Mr./Msour |
| (mention relation). We have no objection whatsoever in the |
| balance in the above referred account Notogether with |
| interest, if any, accrued thereon being paid by the Bank to said |
| Mr./Ms |
| 1. |
| |
| 2. |

Deponents

Verification: I/we, the above named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to our knowledge.

Dated:

3.

Deponents

l identify the deponent(s) who is/are personally known to me and who has/have signed in my presence.

Dated: Attested Oath Commissioner/Notary Public

FORM -15 (See Rule15 of Government Savings Promotion Rules, 2018) Letter of indemnity

(To be produced by legal heirs, in the absence of nomination for claims upto Rs.5 lakh.)

Τo,

The Manager

.....

Sir,

1. In consideration of vour paying or agreeing to pay me/us..... .(Name of legal heirs) the sum of Rs.....standing in.....(Name of scheme) account No......(name of Accounts office) in the name of.....without production of letters of administration or succession certificate to the estate of the deceased......(name of the subscriber) or a certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be paid or none is due,

2.I/We.....(sureties) do hereby for ourselves and our heirs, legal representatives, executors and administrators jointly and severally undertake and agree to indemnify you and your successors and assigns against all claims, demand, proceedings, losses damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of having agreed to pay/or paying me/us the sum as aforesaid.

Signed and delivered by the above named heir/heirs of the deceased.

Signed and delivered by the above named sureties

1.

2.

Signature, names and addresses of witnesses:

1.

2.

Attested Notary Public