



FORM-A

(See clause (d) of rule 2 and sub rule (1) of rule 3)
**APPLICATION FOR OPENING OF AN ACCOUNT UNDER
SENIOR CITIZENS SAVINGS SCHEME, 2004**

To,
The Chief / Branch Manager
State Bank of India

Joint Photograph of both
the Depositor & Spouse
in case of a joint account

Sir / Madam,

PAN (Applicant) _____ **

1. I, _____ Son/Daughter/Wife of _____, a permanent resident of _____, aged ___ years, hereby apply for opening of an account under the Senior Citizens Savings Scheme, 2004, (hereinafter referred to as the said scheme), in My Name / Jointly in My Name and My Spouse _____ (name and address of spouse with age)* and tender herewith ₹ _____ (Rupees _____ Only) in Cash / Cheque / Demand Draft, the particulars of which are filled in the enclosed 'pay-in-slip'(Form-D), towards deposit in the account.

2. I/we* hereby declare that,

- (i) I/we* have clearly understood the Senior Citizens Savings Scheme Rules, 2004 governing the accounts under the said scheme, as amended from time to time(hereinafter referred to as the said rules);
- (ii) I/we* shall abide by the said rules in letter and spirit;
- (iii) The details of other accounts opened earlier by me/us* under the said scheme, are as under: -

Sl. No.	Name of Depositor(s) & Type of Account (Individual/Joint)	Name and Address of the Deposit office	Account No. with date of opening	Amount of Deposit
1.				₹
2.				₹
3.				₹

Note: In case of More SCSS A/c please Enclose a detail list of the all.

- (iv) I/we* shall adhere to the ceiling on deposits, taking the deposits in all the accounts opened by Me / us* together, as specified in rule 4 and amended from time to time. In case, at any time, any excess deposit is found, such excess deposit will be refunded to me / us* after recovery of excess interest under sub-rule (8) of rule 7.

3. I nominate the following person / persons, mentioned below, to whom, to the exclusion of all other persons, in the event of my death the amount standing to my credit in the account would be payable in accordance with the provisions contained in rule 6:

TABLE

Sl. No.	Name(s) of the nominee(s) along with relationship with the depositor	Permanent Address	Date(s) of birth of nominee(s) in case of a minor/ age in other case(s)	Share of the nominee(s) in amount payable.
1.				
2.				
3.				

Photograph(s) of the Nominee(s)	Signature/Thumb impression of the Nominee(s)

3. (a) As the Nominee(s) at Serial No.(s) _____ above is/are minor(s), I appoint Shri / Smt. / Kumari _____ [Name(s) with Permanent Address(es) of the person(s) in respect of each minor nominee] to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

Signature/Thumb impression of the Depositor(s)

Witnesses(Signature, name and address):

1) _____ 2) _____

My/our* Specimen signatures (Thumb impression), are as below:

(i) First Depositor:

1. 2. 3.

(ii) *Joint Depositor:

1. 2. 3.

#Witness _____

#Witness _____

#Witness _____

(Countersigned by Serv. Manager)

Date: ___/___/20___

(Countersigned by Serv. Manager)

Date: ___/___/20___

(Countersigned by Serv. Manager)

Date: ___/___/20___

4. I also declare that the information provided by me / us* in the application hereinabove, is true to the best of my/our knowledge and belief and in case, at any time, any of the information and/or declaration is found false, no interest on the deposits shall be payable to me/us*, the deposit office shall close the account(s) and refund the deposits after recovery of the interest, if any, already paid on the deposits.

Yours faithfully,

Date : ___/___/20___

(Signature of the Applicant)

Place : _____

(Present Postal Address)

Enclosures:

- (i) Age Proof
- (ii) Copy of receipted application form for allotment of PAN, if PAN is not allotted.
- (iii) Pay-in-Slip (Form-D), duly filled in along with amount of Deposit.
- (iv) Certificate from the employer as specified in sub-clause (ii) of clause (d) of rule 2.

* : Score out whichever is not applicable.

** : (1) The applicant(s) who are not assessed to income tax, may furnish a self declaration, that their income from all sources (including the interest income from the account to be opened vide this application) does not cross the exemption limit and the applicant is not required to obtain PAN under Income Tax Act, 1961, as amended from time to time.

(2) All other applicants shall mention the PAN compulsorily and in case they have not so far been allotted PAN by the Income Tax Authorities, attested photocopy of the receipted application form for allotment of PAN should be attached to the application form.

: In case of Thumb Impression.

NOTE:

- (1) Self attested copies of any of the following documents can be enclosed as age proof: -
- Birth Certificate issued by the Municipal authority/ Gram Panchayat / District Office of the Registrar of Births and Deaths;
 - Voter Identity Card issued by the Election Commission of India;
 - PAN Card;
 - Passport;
 - Date of birth certificate from the school last attended by the applicant or any other recognised educational institution
 - Driving License issued by the local licensing authority.
- (2) Originals of the documents attached, should also be produced simultaneously for verification and return immediately.

FOR THE USE OF BRANCH

The Account has been opened on ___/___/20___ with ₹_____ (Rupees _____
_____ Only) under the **Senior Citizens Savings Scheme, 2004.**

Account No:

Pass Book No: has been issued.

Date : ___/___/20___

(Branch / Service Manager)