## FORM -1

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

## (Application for opening an account)

То			-
The Postmas	ster/Manager		
			Paste photograph of
			applicant/s
0:-			
Sir,			
1		Applicant/quardian) here	by apply for opening of an
			Sukanya Samriddhi
Account Sch	heme in your Post	Office/Bank.	
I	tender	herewith	Rs/-
(Rs			) in
cash/Chequ	ie/DD. No	date as	initial deposit. My particulars
are as unde	:r:-		
1 Nam	e of the Depositor		
1. INAIII	-		
Date	of Birth		
		,	IM / YYYY)
		(In w	<i>v</i> ords)
2 Nam	e of Guardian		
	and/Father /mother's		
Date	of Birth		
		۱۸ / طال) (In words)	IM / YYYY)
		(111 words)	
3. Aadh	naar Number of guard	dian	
	nanent Account Num	ber (PAN) of guardian	
4. T Cili		ber (I AIN) of guardian	
5. Pres	ent Address		
Perm	anent Address		
6. Cont	act details	Telephon	e Number

		Mobile Number Email ID		
7. Type of Acco	ount	Minor		
8. (*)Details of	Birth Certificate of the deposit	or		
a)	Certificate No.			
b)	Date of Issue			
c)	Issuing authority			
9. Details of oth	her 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 Samriddhi 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	Full	Aadhaar	Date of	Share of	Nature of
	the	address	number	birth of	entitlement	entitlement
	nominee(s)	(s)	of	nominee		Trustee or
	and		nominee	in case of		owner
	relationship		(optional)	minor		
1						
2						
3						
4						

As the nominee(s)	at Serial No.(s)		specified above
is/are	minor(s),	1	' appoint
Shri/Smt/Kumari		S/o,D/o,W/o	
		ddress	

.....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 O	ffice/Bank		
The	account			opened		 name
				with with		 of count:
					-	 
Customer id	entification Nu	umber				
Nomination	ha	as 	been .dated		egistered	 vide

Signature and seal of competent authority.