# FORM-C

# (See rule 6)

Serial No\_\_\_\_\_

### APPLICATION FOR NOMINATION/CHANGE/CANCELLATION OF NOMINATION UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

ТО

The BranchManager/Incharge, \_\_\_\_\_(name of the Deposit office)

\_\_\_\_\_

### **Subject: Application for Nomination or Change/Cancellation of Nomination.** Sir,

1.\* I,\_\_\_\_\_\_\_\_ hereby 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 No\_\_\_\_\_\_ would be payable in accordance with the provisions contained in rule 6 of Senior Citizens Savings Scheme Rules, 2004.

# TABLE

SI. No.	Name(s)of the nominee(s) alongwith 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 the amount payable.
(1)	(2)	(3)	(4)	(5)

Photograph(s) of the nominee(s)	Signature/thumb impression of the nominee(s)	
(6)	(7).	

2.\* As the nominee(s) at Serial No.(s) \_\_\_\_\_above is/are minor(s), I appoint Shri/Smt./Kumari\_\_\_\_\_[name(s) in full with comp

Shri/Smt./Kumari\_\_\_\_\_[name(s) in full with complete 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).

**3.\*** This is in supercession of the nomination(s), made by me earlier at the time of opening of account/vide my application dated\_\_\_\_\_\_.

**4.\*** I\_\_\_\_\_\_, hereby request to cancel the nomination made by me earlier vide my application dated\_\_\_\_\_\_.

# Witnesses(Signature, name and address):

1\_\_\_\_\_

Signature of the depositor

(Name and address)

2\_\_\_\_\_.

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Date\_\_\_\_\_At (Place)\_\_\_\_\_. \*Score out whichever is not applicable.

#### FOR THE USE OF DEPOSIT OFFICE

The above nomination has been registered on\_\_\_\_\_\_. AND/OR the earlier nomination dated \_\_\_\_\_\_\_has been chan ged/cancelled. Necessary entries have been made in the Pass Book (No\_\_\_\_\_\_) and relevant Ledger folio No\_\_\_\_\_\_ accordingly.

Date\_\_\_\_\_

Signature of the Incharge of Deposit Office (alongwith name and designation stamp)