FORM -13

(See Rule15 of Government Savings Promotion Rules, 2018) Affidavit

| | stmaster/Manager | | | | | |
|--------------------------------|---|--------------------|-----------|--------|-------------|-------|
| | | | | | | |
| Sir, | | | | | | |
| 1. | /We | | | | | |
| | | husband | of/wife | of/son | of/daughter | of |
| • | f(deceased | | depositor | r) | res | ident |
| (1) (2) 1 2 | as under:— That I/we am/are the only heir(s) of late | | | | | |
| Name of been conditions Dated: | ation: I/we, the above named deponent of Place) that the contents of this affiday oncealed. | it are true to my/ | • | | | |
| 3 | | | | | | |

Deponents

Attested

Oath Commissioner/Notary Public