FORM – 4

[See sub-paragraph (1) of paragraph 12]

(Application for extension of account)

To,	
The Po	ostmaster/Manager
Sir,	
	My PPF account numberhas matured on
2.	I request for extension of my PPF account numberfor a further block period of five years.
3.	I have understood the terms and conditions applicable to the account during the period of extension under the said scheme as amended from time to time and shall abide by them.
	ereby declare that I and the minor (in case of minor account) continues to be Resident Citizen of ia at the time of commencement of the block period of five years.
Date Place	Signature of the account holder/guardian (Name and address)
	For the use of Accounts Office
(Rupe	The account no
extend	ed for a period ofyears with effect from to
accour	Necessary entries have been made in the records and pass book/deposit receipt/ statement of at.
Date	Signature of Postmaster/Manager
	Seal