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FORM - G (See rule 11)

Serial No	
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APPLICATION FOR TRANSFER OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO					
The BranchMana	ger/Incharge, (name of the D	Deposit office)			
Subject: Applicat	ion for Transfer of acco	ount to another	Deposit office.		
Sir,					
1. I,	, so	n/daughter/wif	fe of	,	
Resident of					
deposit or of accou	nt Noher	eby apply for TRA	NSFER OF MY ACCOUN	NT No	with a
	(Rupees				
Savings Scheme, 20			, ,		
	.(Name	and full address	of the transferee depo	sit office)	
2. The Pass Book			'	,	
			Signa	ature or thum	b impression of the Depositor
Witness	*		J		
(signature, na	me and address)				
,	cure/thumb impressions, a	s available in the	record of transfer er de	eposit office, a	are as below:-
(i) Ist Depositor:-					
	7			1	
1.		2.		3.	
30		0			
*Witness	*Witness		*Witness		
(i) Joint Depositor:-					
1.		2.		3.	
3.0		8			
	chManager/Incharge (Cou			ountersigned	BranchManager/Incharge
	e) of Transfer er office) of				
Date8	office Seal Date	& office Sea	I Date	_& office Seal	
			5 " (G) I		
Forwarded to:		(Transfer	ee Deposit office) and	necessary en	ries passed
in the office record	(s).		. .		
			Signati		eal (Transfer er Deposit office)
					Date
	FOR US	E BY THE TRA N	IS FEREE DEPOSIT O	FFICE	
	tion for transfer of accoun				
underSENIOR CI	Fizens Savings Sch		in the name of		
&	(joint holder, if any) s				
			nsferer deposit office)	_	
deposit of Rs	(Rupees), due to mature on		

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B. The entries in the pass book have been checked, necessary entries indicating transfer, have been made and pass book has been returned to the depositor.

Pass Book received in Original. Signature of BranchManager / In -charge
(with office seal)Transferee Deposit Office.
#(Signature/thumb impression of the depositor)
Date
Date
*: In case of thumb impression.

#: to be signed on receipt of the pass book at th e transferee deposit office.