

FORM-A

[See sub-paragraph (1) of paragraph 4]
Serial No............
Application for opening a Public Provident Fund Account
under the Public Provident Fund Scheme, 1968
To
The Branch Manager
UCO Bank

Branch

Paste here a copy of recent passport size photograph

	PAN No**
l	
hereby apply for opening an account under the Public 1968 in my name/in the name of Kumar/Kumari	
of whom I am the guardia	
Rs(Rupeesinitial subscription.	.) in cash/cheque as the
Permanent Address of subscriber/guardian	
	•••••
I agree to abide by the provisions of the Public Provid and amendments issued thereto from time to time.	ent Fund Scheme, 1968,

ACCOUNT IN THE NAME OF SELF/MINOR(S)

Date of birth of minor

(ii) I hereby declare that I am not maintaining any other Public Provident Fund Account except an account on behalf of a minor.

(iii) I hereby declare that the details of other Public Provident Fund accounts opened earlier by me are as under:-SI. No. Description Name/address of the Bank/Post Office and Account No. Self Account 1. 2. In the name of minor(s) of whom I am the guardian (iv)I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time, which is Rs.1,00,000/- in a financial year at present, in each of the following types of Public Provident Fund Account: Individual Self Account and Account(s) on behalf of minor(s) of whom I am the guardian In case, at any time the said declaration is found untrue/false, no interest shall be payable to me/the subscriber on the amount of deposits found in excess of the prescribed limit. (v) I shall be utilizing the services of Shri/Ms..... PPF Agency No....., who has canvassed for opening of this PPF Account. OR I shall be investing directly and not through any agent. (vi)Particulars of Application:-Father's /Husband's Name; _____ Age ______ Sex ______Religion _____ Profession ______PAN/GIR _____ Resi. Phone No. Date:..... Signature or thumb impression of subscriber/guardian Additional specimen signatures ** The subscriber/applicant who are not assessed to income tax or do not have PAN No. may furnish attested copy of the Ration Card or Voter's Identity Card or Passport for identification. Note 1: Omitted. Note 2 : Delete whichever is not applicable.

dated 4.10.2002, GSR 768 (E) dated 15.11.2002 and GSR 291(E) dated 13.5.2005]

FORM-C

[See sub-paragraph (1) and (3) of paragraph 9]
Application for withdrawal under the Public
Provident Fund Scheme, 1968

The Agent/Manager UCO Bank	
I wish to withdraw from Public Provident Fund A of Rs(Rupees years has expi which the initial subscription was made.).
1A. I have not made any withdrawal in the cur	rrent year
*2. Certified that the amount sought to be wi	
3. The Pass Book is enclosed.	
Date	Signature or thumb impression of Subscriber/guardian
*Score out whichever is not applicable	
TO BE USED BY THE ACCO	UNTS OFFICE
Account No	
Date of initial subscription	
Amount available in the Public Provident Fund	Account
Date on which last withdrawal was allowed	
Amount available for withdrawal in accords scheme	ance with para 9(1)/9(3) of the
Withdrawal of a sum of Rs	Sanctioned.
Date	Signature of Accounts Officer
Received sum of Rs(Rupeesby way of withdrawal from Provident Fund Acc	
Date	Signature or thumb impression of Subscriber/guardian

[Form amended vide MOF(DEA) Notification No. GSR 1013(E) dated 20.08.1986]

FORM-D

[See sub-paragraph (10)
Application form for a loan under the Public
Provident Fund Scheme, 1968

The Agent/Manager UCO Bank	
I wish to take a loan from Public Provident sum of Rs (Rupeeswhich I undertake to repay with interest values prescribed in paragraph 11 of the Public F	within the period of thirty six months as
2. I had taken a loan of(F	Rupees
full with interest on(date).	•
* 3. Certified that the amount for which lo	
4. The Pass Book is enclosed.	
Date	Signature or thumb impression of Subscriber/guardian
*To be given only when a loan is sought from	om a minor's account
TO BE USED BY THE A	CCOUNTS OFFICE
Date of initial subscription	
Amount available in Public Provident Fund	d Account
Amount available for loan in accordanc Fund Scheme	e with Para 10 of the Public Provident
Amount of loan actually sanctioned	
Date	Signature of Accounts Officer
Received sum of Rs (Rupees by way of loan from Provident Fund Acco) unt No
Date	Signature or thumb impression of Subscriber/quardian

FORM-E

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

NOMINATION UNDER THE PUBLIC **PROVIDENT FUND SCHEME, 1968**

To The Ag UCO B	gent/Manager ank			
•••••				
my de	oned below to whom to eath, the amount stand	ding to my credi	all other persons, t in the Public	in the event of Provident Fund
Serial No.	Name(s) of the nominee(s)	Full address(es)	Date of birth of nominee(s) in case of minor	Proportionate amount for each nominee
is/are	e nominee(s) at Serial minor(s), I appoint SI e and full address	nri/Smt/Kumari		
	eive the sum due under nority of the nominee(s).	the said account	in the event of m	ny death during
Signature of witness: Name and address: Signature/Thumb impression of subscriber		•		
Date:				
	FOR THE pove nomination has be ry made in the pass boo	•		and
Date			Signature of A	ccounts Officer
	[Form amended v	vide Ministry of Financ	e(DEA) Notification	

No. GSR 598(E) dated 22.7.1985]

FORM-F

[See sub-paragraph (3) of paragraph 12]

No under the Public Provident Fund Scheme, 1968				
To The Aq UCO E			Do	ate:
Fund a made *In pl mention	Account Noby me in respect of the cancelle oned below who shall make on the above on the above oned below who shall make on the above of the a	hereby cancel ne aforesaid Public ed nomination, I I on my death, be	the nomination of Provident Fund An hereby nominate come entitled to	lated ecount. e the person(s) the payment of
Serial No.	Name(s) of the nominee(s)	Full address(es)	Date of birth of nominee(s) in case of minor	Proportionate amount for each nominee
*to be	filled in case of variat	ion only.		
	he nominee(s) at Serio oint Shri/Smt/Kumari			
the ev	e and full address) as to ent of my death during the if not applicable	-		n the account in
	riber's Address	Sianature	/Thumb impression	n of subscriber
No Ac (2) W	itness: ame: ddress itness ame: ddress			
	FOR 1 bove nomination/vari r and entered in the p			egistered in the
Date.	 [Form amende	ed vide Ministry of Fina	Signature of Ac	

[Form amended vide Ministry of Finance(DEA) Notification No. GSR 598(E) dated 22.7.1985]

FORM-G

[See sub-paragraph (6) of paragraph 12]

Application for Withdrawal by Nominee/ Legal heirs under the Public Provident Fund Scheme, 1968

То	
The Agent/Manager	
UCO Bank	
I/We	oscriber to Public Provident Fund raw the entire amount standing to the t. f subscriber Shri
Place Date	Signature(s)/Thumb impression of claimant(s)
FOR USE OF ACCO	DIINTS OFFICE
Withdrawal of Rs (Rupees is sanctioned.	
Date	Accounts Officer
RECEIPT TO BE SIGNED B	Y THE CLAIMANT(S)
Received the sum of Rs (Rupe from UCO Bank Branch in f	
Place Date	Signature(s)/Thumb impression of Claimant(s)
*Delete if not applicable ** Strike off if there is a valid nomination	, ,

@ To be produced by legal heirs, in the absence of nominations for claims upto Rs. 1 lakh.

[Form amended and Annexures I to III to the form added vide MOF(DEA) Notification No. GSR 895(E) dated 23.6.1986]

P.P.F. SCHEME ANNEXURE I to FORM G

(Letter of indemnity)

To The Manager
(Name of the Bank)
In consideration of your paying or agreeing to pay me/us
(Name of Legal heirs) the sum of Rs standing in Public Provident Fund Account No with your Bank in the name of without production of letters of
administration or a succession certificate to the estate of the deceased
(sureties) do hereby for ourselves and our heirs, legal representatives, executors and administrators jointly and severally undertake and agree to indemnify you and your successors and assigns against all claims, demands, proceedings, losses damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of having agreed to pay/or paying me/us the sum as aforesaid.
In witness whereof we have hereunto set my/our hands at
Signed and delivered by the above named heir/heirs of the deceased.
Signed and delivered by the above named sureties
1.
2.
Signature, names and addresses of witnesses:
1.
2. Attested

Attested Notary Public

P.P.F. SCHEME ANNEXURE II to FORM G

(Affidavit)

To
The Manager
(Name of the Bank)
I/We
(1) That I/We am/are the only heir(s) of the deceased
(2) That the deceased
1. 2. 3. 4.
DEPONENTS
VERIFICATION : I/We, the above-named deponents do hereby verify on solemn affirmation in
Dated:-
1. 2. 3. 4.
DEPONENTS

Attested Oath Commissioner

ANNEXURE III to FORM G

(Letter of disclaimer on Affidavit)

To The Manager
(Name of the Bank)
I/We, (i) husband of/wife of Residents of (ii) sons/daughters of (iii) son of/daughter of (iii) do hereby declare and solemnly affirm as under:-
(1) That Shri/Smt died intestate on leaving behind us his/her only heirs.
(2) That we
3. VERIFICATION: I/We, the above-named deponents do hereby verify on solemn affirmation that the contents of the affidavit are true to my/our knowledge.
Dated:-
DEPONENT(S)
I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence. Dated: Attested Oath Commissioner

[Annexure I to III to Form G added vide Ministry of Finance (DEA) Notification No. F.3(6)-PD/86 dated 23.6.1986]

FORM-H

[See sub-paragraph (3A) of paragraph 9]
Application for continuance of account under Public
Provident Fund Scheme, 1968 beyond 15 years

To The Accept (Adequation	
The Agent/Manager UCO Bank	
	count No has al year of its commences on
	my above referred account for a further block the limits prescribed in paragraph 3 of the
Date	Signature or thumb impression of subscriber/guardian
FOR USE	IN ACCOUNTS OFFICE
•	ears after the year of initial subscription on iber's request has been noted.
Date	Accounts Officer

Counter Foil (1) Subscriber's Copy Public Provident Fund Scheme 1968 UCO BankBranch Date	Counter Foil (1) Agent's Copy Name of Agent Code No. Public Provident Fund Scheme 1968 UCO Bank Branch Date Account No. Name of Subscriber	UCO Bank Branch Account No	PUBLIC PROVIDENT FUND SCHEME, 19	
Amount deposited (Cash/Cheque)				
Rs,	Amount deposited (Cash/Cheque)	(Amount Rs.)	Amount (in figures)	Head of Govt. A/c
Subscription: Loan Repayment: Interest on Loan: Fee: Total: Rupees (in words)	Rs. Subscription: Loan Repayment: Interest on Loan: Fee: Total: Rupees (in words)	Cash 1000X 500X 100X 20X 10X 5X Cheque/Draft Total Bank on which drawn Rupees (in Words)	Subscription Loan Repayment Interest on Loan Fee TOTAL	806 Public Provident Fund 049 Interest Receipt Other Receipts Dt
For Deposit Office Amount in figures: Cashier's Scroll No. Date stamp of Deposit Office Cashier Head Cashier/ Accounts Officer	For Deposit Office Amount in figures: Cashier's Scroll No. Date stamp of Deposit Office Cashier Head Cashier/ Accounts Officer N.B. This counterfoil may be scored out by subscribers not utilizing the services of an agent.	Rupees (in Words) By (Depositor's Signature) Cashier's Scroll No		

Note: Form revised vide MOF (DEA) Notification No. GSR 271(E) dated 16.3.1983