NOTIFICATION
New Delhi, the 2nd August, 2004

(UPDATED ON 29TH OCTOBER, 2004)

GSR 490(E) :- In exercise of the powers conferred by section 15 of the Government Savings Banks Act, 1873 (5 of 1873), the Central Government hereby makes the following rules, namely:-

1. Short title and commencement :-

(1) These rules may be called the Senior Citizens Savings Scheme Rules, 2004.

(2) They shall come into force on the 2nd day of August, 2004.

2. Definitions :- In these rules, unless the context otherwise requires:-

(a) ‘Account’ means a savings account opened by the depositor in accordance with the provisions of these rules;

(b) ‘Act’ means the Government Savings Banks Act, 1873 (5 of 1873);

(c) ‘deposit’ means the money deposited in an account under the provisions of these rules;

(d) ‘Depositor’ means an individual-

(i) who has attained the age of 60 years or above on the date of opening of an account under the provisions of these rules, and by whom, or on whose behalf, money is deposited in an account under these rules, or

(ii) who has attained the age of 55 years or more but less than 60 years, and who has retired on superannuation on the date of opening of an account under these rules, subject to the condition that the account is opened by such individual within one month of the date of receipt of the retirement benefits and proof of date of disbursal of such retirement benefit(s) alongwith a certificate from the employer indicating the fact of retirement on superannuation or otherwise, retirement benefits, employment held and period of such employment with the employer is attached with the application form in Form-A:

Provided that the persons who have retired at any time before the commencement of these rules and attained the age of 55 years or more on the date of opening of an account under these rules, shall also be eligible to subscribe under the scheme within a period of one month of the date of this notification, subject to the fulfilment of other specified conditions:

Provided further that the retired personnel of Defence Services (excluding Civilian Defence Employees) shall be eligible to subscribe under the scheme irrespective of the above age limits subject to the fulfilment of other specified conditions.

(e) “Deposit Office” means,-
(i) any post office in India doing savings bank work and authorised by Director General Posts, to open an account under these rules, or

(ii) an office or branch of a banking company, or any other company or institution, authorised by the Central Government to receive subscriptions under the Public Provident Fund Scheme.

(f) ‘Form’ means a form appended to these rules.

3. Opening of account:-(1) Any depositor may open an account at any deposit office by making an application in FORM-A along with the amount of deposit as per the pay-in-slip in FORM-D, duly filled in, along with age proof.

(2) A depositor may operate more than one account under these rules subject to the condition that the deposits in all accounts taken together shall not exceed the maximum limit as specified under rule 4: Provided that more than one account shall not be opened in the same deposit office during a calendar month.

(3) A depositor may open the account in individual capacity or jointly with spouse.

4. Deposits and withdrawals :- (1) There shall be only one deposit in the account in multiple of one thousand rupees not exceeding rupees fifteen lakh:

Provided that deposits by depositors under sub-rule (ii) of rule 2, shall be restricted to the retirement benefits received by them or rupees fifteen lakh, whichever is lower.

Explanation:- For the purposes of this sub-rule, “retirement benefits” means any payment due to the depositor on account of retirement whether on superannuation or otherwise and includes Provident Fund dues, retirement/superannuation gratuity, commuted value of pension, cash equivalent of leave, savings element of Group Savings linked Insurance Scheme payable by employer to the employee on retirement, retirement-cum-withdrawal benefit under the Employees’ Family Pension Scheme and ex-gratia payments under a voluntary retirement or a special voluntary retirement scheme.

(2) Except as provided in rule 9, no withdrawal shall be permitted under these rules before the expiry of a period of five years from the date of opening of an account.

(3) The depositor may extend the account for a further period of three years by making an application in FORM-B to the deposit office within a period of one year after the maturity period of five years as specified in sub-rule (2).

Explanation.- Extension of account under this sub-rule shall be deemed to have been made from the date of maturity irrespective of the date of application.

(4) A deposit office shall, as soon as it comes to the notice that a deposit exceeds the ceiling prescribed under sub-rule (1), request the depositor in writing, to withdraw the excess deposit immediately.

5. Mode of deposit :- (1) The deposit under these rules may be made:

(a) in cash, if the amount of deposit is less than rupees one lakh.

(b) by cheque or demand draft drawn in favour of the depositor and endorsed in favour of the deposit office, or in favour of the deposit office.
(2) Where a deposit is made by cheque or demand draft, the date of deposit under these rules shall be the date of encashment of the cheque or demand draft.

(3) Where a deposit is made by means of an outstation cheque or demand draft, collection charges at the prescribed rate shall be payable alongwith the deposit and the date of realisation of the cheque or demand draft shall be the date of deposit.

6. **Nomination:-**  
(1) The depositor may at the time of opening of the account under these rules, nominate a person or persons who, in the event of death of the depositor, shall be entitled to payment due on the account.

(2) If such nomination is not made at the time of opening of the account, it may be made by the depositor at any time after the opening of the account but before its closure, by an application in FORM-C, accompanied by the pass book to the deposit office.

(3) The nomination made by the depositor may be cancelled or varied by a fresh nomination in FORM-C to the deposit office in which the account stands.

(4) Nomination facility shall be available in the case of joint account also. However, in such case, the joint holder will be the first person entitled to receive the amount payable in the event of death of the depositor and the nominee’s claim shall arise only after the death of both the depositor and the joint holder.

**Explanation.** In case of joint account or where the sole nominee is the spouse, the spouse may continue the account in accordance with the proviso below sub-rule (3) of rule 8.3

(5) In case of a joint account or where the spouse is the sole nominee, the spouse shall also be eligible to make, cancel or vary the nomination made earlier, after the death of the depositor, in accordance with sub-rule (2) to (4).

(6) Every nomination and every cancellation or variation thereof shall be registered in the deposit office and shall be valid from the date of such registration, the particulars of which shall be entered in the pass book.

7. **Interest on deposit :-**  
(1) The deposit made under these rules shall bear interest at the rate of nine per cent per annum from the date of deposit.

(2) Interest shall be payable from the date of deposit to 31st March/30th June/30th September/31st December as the case may be, in the first instance and thereafter, interest shall be payable on 31st March, 30th June, 30th September and 31st December.

(3) In case any of the dates of interest payment, specified under sub-rule (2), fall on a Sunday or a holiday, the previous working day shall be deemed to be the due date for the purpose of interest payment.

(4) If so authorised, interest payable on the due dates as specified in sub rule (2), shall be credited to the depositor’s savings account in the deposit office in which the account exists subject to the condition that by so credit of the interest amount, the maximum limit of balance, if any, in the savings account, is not exceeded.

(5) If the interest payable every quarter is not claimed by a depositor, such interest will not earn additional interest.

(6) Interest shall be rounded off to the nearest multiple of rupee one and for this purpose any amount of fifty paisa or more shall be treated as rupee one and any amount less than fifty paisa shall be ignored.
The excess amount referred to in sub-rule (4) of rule 4, shall carry interest at the rate applicable from time to time to the Post Office Savings Account and such interest shall be payable from the date of deposit of excess amount to the end of the month preceding the month in which the deposit office requests the depositor to withdraw the excess amount; the amount of excess interest, if any, already paid to the depositor, shall be deducted.

In case of an account, continued after maturity under sub-rule (3) of rule 4, the deposit in such account shall earn interest at the rate applicable to the new accounts opened or to be opened under the provisions of these rules on the date of maturity.

In case of an account which is not extended on maturity and closed at any time as per provisions of sub-rule (2) of rule 8, post maturity interest at the rate, as applicable to the deposits under the Post Office Savings Account from time to time, shall be payable on such matured deposits, up to the end of the month preceding the month of closure of the account.

8. **Closure of account**:

   (1) The deposit made at the time of opening of account shall be paid by the deposit office at which the account stands to the depositor on or after expiry of five years from the date of the opening of the account on production of the pass book accompanied by a written application (withdrawal form) in **FORM-E**.

   (2) In case the depositor does not close the account on maturity as specified under sub-rule (1), and also does not extend the account under sub-rule (3) of rule 4, the account shall be treated as matured and the depositor will be entitled to close the account at any time subject to the condition that post maturity interest as prescribed under sub-rule (9) of rule 7, shall only be admissible for the period beyond maturity.

   (3) In case of death of a depositor before maturity, the account shall be closed and deposit refunded on an application in **FORM-F**, along with interest till the end of the month preceding the month in which refund is made, to the nominee or legal heirs in case the nominee has also expired or nomination, as provided in rule 6, was not made, as the case may be:

   Provided that in case of a joint account, or where the spouse is the sole nominee, the spouse may continue the account on the same terms and conditions as specified under these rules:

   Provided further that in case the spouse does not continue the joint account, the account shall be closed on an application in **FORM-F** and the deposit refunded along with interest as above.

   Provided also that where both the spouses have opened separate accounts under the scheme, and either of the spouses dies during the currency of the account(s) under the scheme, the account(s) standing in the name of the deceased depositor/spouse shall not be continued in accordance with the first proviso and such accounts shall be closed.

(4) Where there is no nomination in force at the time of death of the depositor, the amount standing to the credit of the deceased depositor shall be paid by the deposit office to the legal heirs of the deceased depositor on receipt of an application in **FORM-F** along with a certificate of death of the depositor and a succession certificate or Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925 (39 of 1925).

Provided that the total amount including interest, payable up to rupees one lakh may be paid to the legal heirs on production of (i) a letter of indemnity, (ii) an affidavit, (iii) a letter of disclaimer on affidavit, and (iv) a certificate of death of the depositor on stamped paper, in the forms as in **Annexures to Form-F**.
(5) No deduction, as specified under rule 9, shall be made in case of premature closure of an account at any time due to death of a depositor.

9. Premature closure of account:-- (1) Notwithstanding anything contained in sub-rule (2) of rule 4, on an application in FORM-E, in this regard, the depositor may be permitted to withdraw the deposit and close the account at any time after the expiry of one year from the date of opening of the account subject to the following conditions, namely:-

(a) In case the account is closed after the expiry of one year but before the expiry of two years from the date of opening of the account, an amount equal to one and a half per cent of the deposit shall be deducted and the balance paid to the depositor.

(b) In case the account is closed on or after the expiry of two years from the date of opening of the account, an amount equal to one per cent of the deposit shall be deducted and the balance paid to the depositor.

(2) The depositor availing the facility of extension of account under sub-rule (3) of rule 4, may be permitted to withdraw the deposit and close the account at any time after the expiry of one year from the date of extension of the account without any deduction.

10. Pass Book:-- (1) On opening of an account, the depositor shall be given a pass book immediately, alongwith the depositor's copy of the pay-in-slip (Form-D) duly stamped and signed by the deposit office in token of having received the amount of deposit. The pass book shall bear the date of opening of account, the number of the account, the depositor's name, photograph(also name and photograph of the spouse in case of joint account) and address, the amount deposited, the quarterly interest payable alongwith due dates of payment, the date on which the deposit will be due for final payment, the name(s) of the nominee(s) and agent's name, agency code number, date and validity, in case the account has been introduced through an agent:

Provided that if the deposit is made by means of a cheque or a demand draft, the pass book shall be given to the depositor only on the date of deposit after encashment of the cheque or demand draft as provided under sub-rule (2) of rule 5.

(2) The depositor availing of the facility of credit of interest in savings account under sub-rule (4) of rule 7, shall present the pass book to the deposit office at least once in a year for completion of entries.

(3) The depositor not availing of the facility of credit of interest in savings account under sub-rule 4 of rule 7, shall present the pass book to the deposit office at the time of collecting interest every quarter.

(4) In case of original pass book being lost, or mutilated or damaged, a duplicate pass book may be issued on payment of a fee of rupees ten in case of issue of first duplicate pass book and rupees twenty in case of any subsequent issue, on a simple application on plain paper. The issue of duplicate pass book(s) shall be noted by the deposit office in its office records including the ledger folio bearing particulars of the account.

(5) In case the lost pass book is found after issue of a duplicate pass book, it shall not be treated as valid for any purpose and shall be surrendered immediately to the deposit office who shall destroy the same immediately in presence of the depositor.

11. Transfer of account from one deposit office to another:-- A depositor may apply on FORM-G, enclosing the pass book thereto, for transfer of his account from one deposit office to another in case of change of residence:

Provided that where the deposit is rupees one lakh or above, a transfer fee of rupees five per lakh of deposit shall be payable.
12. **Account opened in contravention of rules:** Whenever it comes to notice that an account has been opened in contravention of these rules, the account shall be closed immediately and the deposit in the account, after deduction of the interest, if any, paid on such deposit, shall be refunded to the depositor.

13. **Deposits by Non-Resident Indians (NRI's) and Hindu Undivided Families (HUF):**

(1) The Non Resident Indians are not eligible to open an account under these rules:

**Provided** that if a depositor who subsequently becomes a Non-Resident Indian during the currency of the account under these rules, the account may continue till its maturity on a non-repatriation basis and the account shall be marked as a Non-Resident account:

**Provided** further that the account continued under the above proviso, shall not be extended for any further period as provided under sub-rule (3) of rule 4.

(2) Hindu Undivided Family is also not eligible to open an account under these rules.

14. **Power to relax:** Where the Central Government is satisfied that the operation of any of the provisions of these rules, causes undue hardship to the depositor, it may, by order, for reasons to be recorded in writing, relax the requirements of that provision in a manner not inconsistent with the provisions of the Act.

[F.No.2-8/2004-NS-II]

sd/-

(D. SWARUP)
Secretary to Government of India
FORM-A

(See clause (d) of rule 2 and sub rule (1) of rule 3)

APPLICATION FOR OPENING OF AN ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO

The Postmaster/Incharge

…………………………………………………………..(name of the Deposit office)

…………………………………………………………..

…………………………………………………………..

TO

*Name of Agent* (in case of the account introduced through agent)……………………………………………………………………

Agency Code No…………………………………………Dated…………………………valid upto……………………………………

PAN No. (of applicant)………………………………….*

Sir,

1. I, .............................................................., son/daughter/wife of............................................................... ...., a
permanent resident of............................................................................................................................, aged..............years, hereby apply for opening of an account under the Senior Citizens Savings Scheme, 2004, (hereinafter
referred to as the said scheme), in my name / jointly in my name and my spouse. ..............................................................
(name and address of spouse with age)* and tender herewith Rs....................... (Rupees..............................................................) in cash / cheque / demand draft, the particulars of which are filled in the enclosed ‘pay-in-slip’(*Form D*), towards deposit in the account.

2. I/we* hereby declare that,-

(i) I/we* have clearly understood the Senior Citizens Savings Scheme Rules, 2004 governing the accounts under
the said scheme, as amended from time to time(hereinafter referred to as the said rules);

(ii) I/we* shall abide by the said rules in letter and spirit;

(iii) the details of other accounts opened earlier by me/us* under the said scheme, are as under:-

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of depositor(s) &amp; Type of account (Individual/Joint)</th>
<th>Name and Address of the Deposit office</th>
<th>Account No. with date of opening</th>
<th>Amount of Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(iv) I/we* shall adhere to the ceiling on deposits, taking the deposits in all the accounts opened by me/us* together, as specified in rule 4 and amended from time to time. In case, at any time, any excess deposit is found, such excess deposit will be refunded to me/us* after recovery of excess interest under sub-rule (8) of rule 7.
3. I 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 would be payable in accordance with the provisions contained in rule 6:

**TABLE**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name(s) of the nominee(s) alongwith relationship with the depositor</th>
<th>Permanent Address</th>
<th>Date(s) of birth of nominee(s) in case of a minor/ age in other case(s)</th>
<th>Share of the nominee(s) in the amount payable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Photograph(s) of the nominee(s)  
Signature/thumb impression of the nominee(s)

3(a) As the nominee(s) at Serial No.(s)……………………………above is/are minor(s), I appoint Shri/Smt./Kumari…………………………………………………………………………………………………[name(s) with permanent 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).

**Witnesses (Signature, name and address):**

1. ....................................................................................................................

2. ....................................................................................................................  Date..............................At (Place).................................

My/our* specimen signatures (thumb impression), are as below:-

(i) First depositor:-

1.  2.  3.  

(ii) *Joint depositor:-

1.  2.  3.  

#Witness........................................ #Witness........................................ #Witness........................................

(Countersigned Postmaster/Incharge)  (Countersigned Postmaster/Incharge)  (Countersigned Postmaster/Incharge)

Date........................................& office Seal  Date........................................& office Seal  Date........................................& office Seal

4. I also declare that the information provided by me / us* in the application hereinabove, is true to the best of my/our knowledge and belief and in case, at any time, any of the information and/or declaration is found false, no interest on the deposits shall be payable to me/us*, the deposit office shall close the account(s) and refund the deposits after recovery of the interest, if any, already paid on the deposits.
Yours faithfully,

Date…………………………………

Place………………………………..        (Present Postal Address)

Enclosures:
1. Age proof.
2. Copy of receipted application form for allotment of PAN, if PAN is not allotted.
3. Pay-in-Slip (Form-D), duly filled in along with amount of deposit.
4. Certificate from the employer as specified in sub-clause (ii) of clause (d) of rule 2.

*: Score out whichever is not applicable.

**: (1) The applicant(s) who are not assessed to income tax, may furnish a self declaration, that their income from all sources (including the interest income from the account to be opened vide this application) does not cross the exemption limit and the applicant is not required to obtain PAN under Income Tax Act, 1961, as amended from time to time.

(2) All other applicants shall mention the PAN No. compulsorily and in case they have not so far been allotted PAN by the Income Tax Authorities, attested photocopy of the receipted application form for allotment of PAN should be attached to the application form.

#: in case of thumb impression.

NOTE: (1) Self attested copies of any of the following documents can be enclosed as age proof: - Birth Certificate issued by the Municipal authority/ Gram Panchayat/District Office of the Registrar of Births and Deaths; Voter Identity Card issued by the Election Commission of India; PAN Card; Passport; Ration Card; Date of birth certificate from the school last attended by the applicant or any other recognised educational institution or Driving Licence issued by the local licensing authority.

(2) Originals of the documents attached, should also be produced simultaneously for verification and return immediately.

FOR THE USE OF DEPOSIT OFFICE

The account has been opened on…………………………….with Rs…………………………………….(Rupees………………… ……………………………) under the Senior Citizens Savings Scheme, 2004.

Account No……………………………………..Ledger folio No…………………………………

Agent’s name, agency code number, date and validity have been entered in the ledger folio as well as Pass book (in case of account introduced through agent).

Pass Book No……………………………………..has been issued.

Date……………………………………..        Signature of the Incharge of Deposit Office
(along with name and designation stamp)
FORM-B
(See sub-rule (3) of rule 4)

APPLI CATION FOR EXTENSION OF AN ACCOUNT UNDER
SENI OR CITI ZENS SAVINGS SCHEME, 2004

TO

The Postmaster/Incharge,

(name of the Deposit office)

Subject: Application for extension of an account for three years, with effect from……………….(date/month/year).

Sir,

1. I, ……………………………………………………………………., son/daughter/wife of……………………………………………., a depositor of account No. …………………….…., (hereinafter referred to as the ‘said account’) hereby apply for continuation of the account under the Senior Citizens Savings Scheme, 2004 (hereinafter referred to as ‘the said scheme’), for a further period of three years from the date of maturity of my above-said account.

2. I have understood the terms and conditions applicable to the account during the period of extension under the Senior Citizens Savings Scheme Rules, 2004 as amended from time to time.

3. I shall close the account immediately on completion of the extended period and get back the deposit standing at my credit in the account after adjustment of the interest paid in excess, if any, and any other charges recoverable in connection with the said account.

Date…………………………                      Signature of the Depositor

Place…………………………………                              (name and address)

FOR THE USE OF DEPOSIT OFFICE

The account No……………………….. which was opened on…………………………….with Rs…………………………………….

(Rupees………………………………………………………….) under the Senior Citizens Savings Scheme, 2004 and matured on…………………………….., has been extended for a period of three years with effect from…………………………….. to…………………………….. Rate of interest at……………… per cent per annum as applicable under the scheme to fresh deposits opened or to be opened on the date of maturity, shall be applicable during the extended period of the deposit.

Necessary entries have been made in the Pass Book No………………………… and relevant Ledger folio No………………………… accordingly.

Date……………………………………                      Signature of the Incharge of Deposit Office

(along with name and designation stamp)
APPLICATION FOR NOMINATION/CHANGE/CANCELLATION OF NOMINATION UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO
The Postmaster/Incharge,
……………………………………………………………………(name of the Deposit office)
……………………………………………………………………
……………………………………………………………………

Subject: Application for Nomination or Change/Cancellation of Nomination.

Sir,

1.* I…………………………………………………………herewith 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

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name(s) of the nominee(s) along with relationship with the depositor</th>
<th>Permanent Address</th>
<th>Date(s) of birth of nominee(s) in case of a minor/age in other case(s)</th>
<th>Share of the nominee(s) in the amount payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

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 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 supersession 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.…………………………………………………………………………………………………………………..

2.…………………………………………………………………………………………………………………..

Signature of the depositor
(Name and address)
FOR THE USE OF DEPOSIT OFFICE

The above nomination has been registered on........................................ AND/OR the earlier nomination dated......................................................has been changed/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)
**PAY - IN - SLIP FOR DEPOSITS**
UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

<table>
<thead>
<tr>
<th>Counterfoil (1)</th>
<th>Counterfoil (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depositor's copy</strong></td>
<td><strong>Deposit Office's copy</strong></td>
</tr>
<tr>
<td>Name of Deposit Office</td>
<td>Name of Deposit Office</td>
</tr>
<tr>
<td>Name of depositor</td>
<td>Name of depositor</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Father's/Husband's name</td>
<td>Father's / Husband's Name</td>
</tr>
<tr>
<td>*Name of Agent (in case of account introduced through agent) with agency code No., date and validity</td>
<td>*Name of Agent (in case of account introduced through agent) with agency code No., date and validity</td>
</tr>
<tr>
<td>Account No</td>
<td>Account No</td>
</tr>
<tr>
<td>(to be filled in by deposit office)</td>
<td>(to be filled in by deposit office)</td>
</tr>
<tr>
<td>Ledger Folio</td>
<td>Ledger Folio</td>
</tr>
<tr>
<td><strong>Amount of Deposit</strong> (Rs.#)</td>
<td><strong>Amount of Deposit</strong> (Rs.#)</td>
</tr>
<tr>
<td>Cheque/Demand Draft realisation charges (Rs.)##</td>
<td>Cheque/Demand Draft realisation charges (Rs.)##</td>
</tr>
<tr>
<td>Account Transfer Fee (Rs.)##</td>
<td>Account Transfer Fee (Rs.)##</td>
</tr>
<tr>
<td>Fee for issue of Duplicate Pass Book (Rs.)##</td>
<td>Fee for issue of Duplicate Pass Book (Rs.)##</td>
</tr>
<tr>
<td>Other charges, if any. (Rs.)##</td>
<td>Other charges, if any. (Rs.)##</td>
</tr>
<tr>
<td><strong>TOTAL AMOUNT</strong> (Rs.)</td>
<td><strong>TOTAL AMOUNT</strong> (Rs.)</td>
</tr>
<tr>
<td>Total Amount in words (Rupees)</td>
<td>Total Amount in words (Rupees)</td>
</tr>
<tr>
<td><strong>Details of CASH DEPOSIT:</strong></td>
<td><strong>Details of CASH DEPOSIT:</strong></td>
</tr>
<tr>
<td><strong>AMOUNT</strong></td>
<td><strong>AMOUNT</strong></td>
</tr>
<tr>
<td>1000 x</td>
<td>1000 x</td>
</tr>
<tr>
<td>500 x</td>
<td>500 x</td>
</tr>
<tr>
<td>100 x</td>
<td>100 x</td>
</tr>
<tr>
<td>50 x</td>
<td>50 x</td>
</tr>
<tr>
<td>20 x</td>
<td>20 x</td>
</tr>
<tr>
<td>10 x</td>
<td>10 x</td>
</tr>
<tr>
<td>05 x</td>
<td>05 x</td>
</tr>
<tr>
<td>02 x</td>
<td>02 x</td>
</tr>
<tr>
<td>01 x</td>
<td>01 x</td>
</tr>
<tr>
<td><strong>COINS</strong></td>
<td><strong>COINS</strong></td>
</tr>
<tr>
<td><strong>TOTAL (CASH):</strong></td>
<td><strong>TOTAL (CASH):</strong></td>
</tr>
<tr>
<td>Cheque /Demand Draft No. and date:</td>
<td>Cheque /Demand Draft No. and date:</td>
</tr>
<tr>
<td>Bank / Branch on which drawn:</td>
<td>Bank / Branch on which drawn:</td>
</tr>
<tr>
<td><strong>AMOUNT (RUPEES) :</strong></td>
<td><strong>AMOUNT (RUPEES) :</strong></td>
</tr>
<tr>
<td>By (Depositor's signature)</td>
<td>By (Depositor's signature)</td>
</tr>
</tbody>
</table>
### TO BE COMPLETED BY DEPOSIT OFFICE

<table>
<thead>
<tr>
<th><strong>Head of Government Account</strong> (to be entered by Deposit Office) # / ##</th>
<th><strong>Head of Government Account</strong> (to be entered by Deposit Office) # / ##</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Received Rs.</strong> .................................. (Rupees.) ..................</td>
<td><strong>Received Rs.</strong> .................................. (Rupees.) ..................</td>
</tr>
<tr>
<td>as detailed hereinabove. For deposit in Account No. ...........</td>
<td>as detailed hereinabove. For deposit in Account No. ...........</td>
</tr>
<tr>
<td>*Agent’s Commission at the rate of .......... per cent of deposit</td>
<td>*Agent’s Commission at the rate of .......... per cent of deposit</td>
</tr>
<tr>
<td>amounting to Rs........... (Rupees.................. ) ## ##</td>
<td>amounting to Rs........... (Rupees.................. ) ## ##</td>
</tr>
<tr>
<td>has been paid at source (under receipt).</td>
<td>has been paid at source (under receipt).</td>
</tr>
<tr>
<td>Cashier’s scroll No. ..................</td>
<td>Cashier’s scroll No. ..................</td>
</tr>
<tr>
<td>Signature of Cashier</td>
<td>Signature of Cashier</td>
</tr>
<tr>
<td>(with name and office seal)</td>
<td>(with name and office seal)</td>
</tr>
<tr>
<td>Supervisor/Incharge of Deposit office along with office seal</td>
<td>Supervisor/Incharge of Deposit office along with office seal</td>
</tr>
</tbody>
</table>

### NOTE
1. The cheque/demand draft should be in favour of the Deposit Office, or in favour of the depositor duly endorsed in favour of the deposit office.
2. Cheques / Demand Drafts are subject to realisation of the proceeds.

* Score out if not applicable

#: In respect of Deposits: - Major Head: 8001 - National Savings Deposits.

### #: In respect of various charges: - Major Head: 8008 - Income and Expenditure of NSSF.00.104. Other Incomes.

### ###: In respect of agency commission to agents: 
Major Head: 8008 - Income and Expenditure of NSSF.03.104

### #: In respect of agency commission to agents: 
Major Head: 8008 - Income and Expenditure of NSSF.03.104
APPLICATION FOR CLOSURE OF AN ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO

The Postmaster/Incharge,

...........................................(name of the Deposit office)

..........................................

Subject: Application for withdrawal/closure of account.

Sir,

1. I, .........................................................., son/daughter/wife of .........................................................., resident of  .................................................................................................................., and depositor of account No. .............................................. (hereinafter referred to as the 'said account') hereby apply for closure of the said account with immediate effect. The interest of Rs. .............................................. and deposit of Rs. .................................................................................................................. TOTAL (INTEREST+DEPOSIT) Rs. .............................................. (Rupees ..................................................................................................................), *after adjustment of overpaid interest and/or deduction equal to ........ per cent of the deposit, amounting to Rs. .............................................. (Rupees ..................................................................................................................) and any other charges, recoverable from me in respect of the account in question, may kindly be refunded to me immediately.

2. The Pass Book is enclosed.

.......................................................... Signature or thumb impression of the Depositor

FOR USE BY THE DEPOSIT OFFICE

ACCOUNT No..............................................DATE OF DEPOSIT..............................................AMOUNT OF DEPOSIT: Rs. .......................................................... Withdrawal on account of Interest Rs. .............................................. and deposit Rs. .......................................................... totalling to Rs. .......................................................... (Rupees ..................................................................................................................) is sanctioned in favour of the depositor.

*Recovery of overpaid interest Rs. .............................................., deduction of Rs. .............................................. and Other Charges (to be specified) Rs. .............................................. totalling to Rs. .............................................. (Rupees ..................................................................................................................) has been adjusted.

NET AMOUNT PAID Rs. .............................................. (Rupees ..................................................................................................................)

RECEIPT

Received a sum of Rs. .............................................. (Rupees ..................................................................................................................) from ..........................................................(Name of Deposit office) as per details furnished above.

.......................................................... Signature / Thumb impression of the depositor

Signature of in-charge of Deposit Office
(Alongwith name and designation stamp)

*: Score out whichever is not applicable.
FORM – F

(See sub-rules (3) and (4) of rule 8)

APPLICATION FOR CLOSURE OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004
BY SPOUSE(JOINT HOLDER) / NOMINEE(S)/ LEGAL HEIRS

TO

The Postmaster/ Incharge,

……………………………………………………(name of the Deposit office)
…………………………………………………….

Subject: Application for withdrawal / closure of account.

Sir,

I/WE* ........................................................................ the spouse (Joint holder) / nominee(s) /legal heirs of late……………………………………………. , the depositor to the Senior Citizens Savings Scheme, 2004 account No……………………………………………… wish to withdraw the entire amount standing to the credit of the deceased in the said account.

Please find enclosed: -

(i) A certificate in regard to the death of the Depositor.
(ii)* A Certificate in regard to the death of Shri/ Shrimati………………………………………………………………….and Shri/Shrimati…………………………………………………………………. also the nominee(s) appointed by the Depositor.
(iii)** Succession Certificate/Letter of Administration with attested copy of probated will of the deceased depositor issued under the provisions of the Indian Succession Act, 1925.
(v) # Letter of Indemnity.
(vi) # Affidavit.
(vii) # Letter of disclaimer on affidavit

Signature or thumb impression of claimant(s)

Witness…………………………………………

…………(Signature, name and address)………

Date…………………………………………………………

Place…………………………………………………………

FOR USE BY THE DEPOSIT OFFICE

Withdrawal of Rs………………………………… (Rupees……………………………………………………………………….) is sanctioned.

Adjustments made (to be specified) Rs…………………………………… (Rupees……………………………………………………………………….)

NET AMOUNT PAYABLE Rs………………………………………… (Rupees……………………………………………………………………….)
RECEIPT TO BE SIGNED BY THE CLAIMITANT(S)

Received a sum of Rs.......................... (Rupees..........................................................) from.................................................. (Name of Deposit office) as per details furnished above, in full settlement of our claim.

Signature / Thumb impression of the claimant(s)

Signature of in-charge of Deposit Office
(Alongwith name and designation stamp)

*: Delete whichever is not applicable.
**: Strike off if there is a valid nomination.
#: To be produced by legal heirs, in the absence of nomination(s) for claims upto Rs. 1 lakh.
ANNEXURE-I TO FORM - F  
(Letter of indemnity)  

TO

The Postmaster / Incharge,  
....................................... (Name of the deposit office)

In consideration of your payment or agreeing to pay me/us.......................................................... .................................................................

.................................................................................................................................................................................................

...............................................................

[Name(s) of Legal heir(s)] the sum of Rs.................................. (Rupees.................................................................

........................................................................................................) standing in the account No....................................................under SENIOR CITIZENS SAVINGS SCHEME, 2004 with your office in the name of .................................................................

................................................................. without production of letters of administration or a succession certificate to the estate of the deceased.................................................................(name of the depositor),

I/We...........................................................................................................................................................................................

and we........................................................................................................ ............................................ 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 this..............day of...........................................in the presence of witnesses,

Signed and delivered by the above named
heir/heirs of the deceased.

Signed and delivered by the
above named sureties (Signature, names and address)

1.

2.

Signature, names and address of witnesses:

1.

2.

ATTESTED

NOTARY PUBLIC
ANNEXURE-II TO FORM - F
(Affidavit)

TO

The Postmaster / Incharge,
………………………………………(Name of the deposit office)

I / We……………………………………………….Husband of / wife of late……………………………………………………………………
aged...........  aged...........  aged........... sons/daughters of the said late……………………………………………………………………
resident of………………………………………………………………………………do hereby declare and solemnly affirm as under :-

(1) That I / we am/are the only heir(s) of the deceased…………………………………………who died at……………………………..
on……………………………………. I / We alone represent the estate of Shri/Smt…………………………………………………………………

(2) That the deceased…………………………………..did not leave any will and therefore I / we are the only successor(s) to
the estate of the said deceased.
1.
2.
3.

DEPONENTS

VERIFICATION: I / We, the above-named deponents do hereby verify on solemn affirmation in…………………………………
(name of place) that the contents of this affidavit are true to the best of my/our knowledge and nothing material has been
concealed.

Dated……………………

1.
2.
3.

DEPONENTS

ATTESTED

OATH COMMISSIONER
ANNEXURE-III TO FORM - F
(Letter of disclaimer on Affidavit)

TO

The Postmaster / Incharge,
………………………………………………..(Name of the deposit office)

I / We (i) …………………………………………….Husband of / wife of ……………………………………………………………………………………...
Resident of………………………………………………………………………………………………………………………………………………………………
(ii) ……………………………………………… son/daughter of ………………………………………………………………………………………………………
(iii) ……………………………………………… son/daughter of ………………………………………………………………………………………………………
do hereby declare and solemnly affirm as follows :-

(1) That Shri/Smt………………………………………………………………………………….died intestate on…………………………….……
leaving behind us……………………………………………………………………………………………..his/her only heirs.

(2) That we…………………………………………………………………………………………………..heirs of our late father/mother for
ourselves and on behalf of our heirs, executors, representatives and assigns to hereby relinquish our claims to the balance
of Rs………………………………………………………which may be credited to the account sought by our mother/father to be
opened in the deposit office in the name of the estate of the said………………………………………………………………………………...
deceased father/mother after the realisation of Draft No…………………………………………………on ………………………………….
issued by ……………………………………………………………………………………………………..  (name of the deposit office)  and we
have no objection whatsoever in the balance in the above-referred account No………………………………………together with
interest, if any, accrued thereon being paid by the Deposit office to our mother/father
Mrs./Mr……………………………………………………………

1. 
2. 
3. 

DEPONENTS

VERIFICATION: I / We, the above-named deponents do hereby verify on solemn affirmation that the contents of this
affidavit are true to the best of my/our knowledge and nothing material has been concealed.

Dated………………………

1. 
2. 
3. 

DEPONENTS

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence.

Dated………………………

Oath Commissioner
APPLICATION FOR TRANSFER OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO

The Postmaster/Incharge,
……………………………………………………..(name of the Deposit office)
……………………………………………………..

Subject: Application for Transfer of account to another Deposit office.

Sir,

1. I, ........................................................................, son/daughter/wife of........................................................................................................... .......
   Resident of ...................................................................................................................................................................................................................
   a depositor of account No. .............................................hereby apply for TRANSFER OF MY ACCOUNT No.................................with a
   deposit, of Rs..............(Rupees................................. ...........................................) under the Senior Citizens Savings Scheme, 2004 to
   ...................................................................................................................................................................................................................................
   ...................................................................................................................................................................................................................................
   (Name and full address of the transferee deposit office)

2. The Pass Book is enclosed.

Witness.........................................................* ...........................................(signature, name and address) ............................

My specimen signature/thumb impressions, as available in the record of transferer deposit office, are as below:-

(i) 1st Depositor:-

1. 
2. 
3. 

*Witness.............................................  *Witness.............................................  *Witness.............................................

(i) Joint Depositor:-

1. 
2. 
3. 

Countersigned Postmaster/Incharge (Countersigned Postmaster/Incharge (Countersigned Postmaster/Incharge
of Transferer office) of Transferer office) of Transferer office)

Date.............................................& office Seal  Date.............................................& office Seal  Date.............................................& office Seal

Forwarded to:........................................................................................................................................................................(Transferee Deposit office) and necessary entries passed

in the office record(s).

Signature & office seal (Transferer Deposit office) Date.............................................

FOR USE BY THE TRANSFEREE DEPOSIT OFFICE

A. Received application for transfer of account No..........................................................opened on..............................
   under SENIOR CITIZENS SAVINGS SCHEME, 2004, in the name of ...........................................................
   &............................................................(joint holder, if any) standing on the books of the...................................................
   ...........................................................................................................................................................................................
   (name and address of the transferer deposit office) showing a
   deposit of Rs.................................(Rupees..........................................................), due to mature on..............................
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/thumb impression of the depositor)  

Date............................................  

Date............................................  

*: In case of thumb impression.

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

---

**THIS IS FOR PUBLIC INFORMATION:**

Given hereinabove is the electronic version of the Senior Citizens Savings Scheme Rules, 2004. The accuracy of conversion to the electronic medium is subject to usual constraints. Hence, nothing in the above document may in any case be construed as an authority. For legal purposes and/or ruling position, the nearby post office or a designated branch of a bank operating the scheme, may be contacted.

***