

PPF FORM - A

STATE BANK OF TRAVANCORE

Serial No.....

**APPLICATION FOR OPENING A PUBLIC PROVIDENT FUND ACCOUNT UNDER
THE PUBLIC PROVIDENT FUND SCHEME, 1968**

To,
The Branch Manager,
State Bank of Travancore,

I Shri/Smt./Kum. _____ hereby apply for opening an account under the Public Provident Fund Scheme 1968 in my name / in the name of Kumar / Kumari _____ of whom I am the guardian and tender herewith Rs. _____ (Rs. _____) in Cash / Cheque as the initial subscription

Permanent Address of Subscriber / Guardian _____

I agree to abide by the Provisions of the Public Provident Fund Scheme 1968 and amendments issued thereto from time to time. I declare that I do not maintain any other Public Provident Fund Account.

Account in the name of minor _____
Date of Birth of the Minor _____
Applicant's relationship with minor, if any _____

Date :

Signature or Thumb Impression of Subscriber / Guardian

Additional Specimen

FOR THE USE OF ACCOUNTS OFFICE

The account has been opened on _____ with Rs. _____ under Public Provident Fund A/c. No. _____ Pass Book No. _____ has been issued.

PPF FORM - E

FORM OF NOMINATION UNDER THE PUBLIC PROVIDENT FUND SCHEME, 1968

STATE BANK OF TRAVANCORE

To,
The Branch Manager
State Bank of Travancore,

I Shri/Smt./Kum. _____ hereby
nominate the person(s) 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 Public Provident Fund Account
No. _____ at the time of my death would be payable.

Serial No.	Name of the Nominee	Full Address (es)	* Date of Birth of nominee in case of minor

As the nominee (s) at serial no. _____ Specified above is / are minor(s) I appoint
Shri/Smt./Kum.* _____ Address

_____ to receive the sum due
under the said account in the event of my death during the minority of the nominee (s).

Signature of Witness :
Name and Address :

Date :

Signature or Thumb Impression of Subscriber

FOR THE USE OF ACCOUNT OFFICE

The above nomination has been registered on _____ and entry made in Pass Book.

Date :

Signature of Accounts Officer

* Delete if not applicable