

FORM-G

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

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

To

The Agent/Manager/Post Master

.....(Name of the Bank/Post Office)

I/Wethe nominee(s)/
legal heirs of late.....the subscriber to Public
Provident Fund 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 subscriber.
- * (ii) Certificate in regard to the death of Shri.....
.....and Shri.....
also the nominee(s) appointed by the subscriber.
- ** (iii) Succession Certificate/Letters of Administration with attested copy
of probated will of the deceased subscriber issued
by.....High Court.
- (iv) Pass book of the subscriber.
- @ (v) Letter of indemnity.
- @ (vi) Affidavit.
- @ (vii) Letter of disclaimer on affidavit.

Place.....

Signature(s)/Thumb impression of

Date.....

claimant(s)

FOR USE OF ACCOUNTS OFFICE

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

Date.....

Accounts Officer

RECEIPT TO BE SIGNED BY THE CLAIMANT (S)

Received the sum of Rs.....(Rupees.....
.....) from the State Bank of...../Post
Office.....in full settlement of our claim.

Place.....

Signature(s)/Thumb impression of

Date.....

claimant(s)

- * Delete if not applicable.
- ** Strike off if there is a valid nomination.
- (a) 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]

ANNEXURE I to FORM G

(Letter of indemnity)

To

The Manager/Post Master

.....
.....(Name of the Bank/Head Post Office)

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

.....
(Names 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.....(Name of the subscriber)
or a certificate from the Controller of Estate Duty to the effect that estate duty
has been paid or will be paid or none is due, 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.....

.....on 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

- 1.
- 2.

Signature, names and addresses of witnesses :

- 1.
- 2.

Attested
Notary Public

ANNEXURE II to FORM G

(Affidavit)

To

The Manager/Post Master,

.....

..... (Name of the Bank/Head Post 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 am/are the only successor(s) to the estate of the said
 deceased.

- 1.
- 2.
- 3.
- 4.

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 my/our knowledge and nothing material has been
 concealed.

Dated :-

- 1.
- 2.
- 3.
- 4.

Attested
 Oath Commissioner

DEPONENTS

(Letter of disclaimer on Affidavit)

To

The Manager/Post Master,

.....

..... (Name of the Bank/Head Post Office)

I/We, (i).....husband of/wife of

Resident of.....(ii).....son of/daughter of

(iii).....son of/daughter of
 do hereby 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 do 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 your Branch in
 the name of the estate of the said.....deceased
 father/mother after the realisation of Draft No.....on.....
 issued by (name of Bank) 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 Bank to our said mother/father Mrs./Mr.

- 1.
- 2.
- 3.

DEPONENT(S)

VERIFICATION : I/We, the above-named deponents do hereby verify
 on solemn affirmation that the contents of this affidavit are true to 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]