



**FORM-B**

(See sub-rule (3) of rule 4)

Serial No.....

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

TO

**The Branch Manager  
UCO Bank**

.....

.....

.....

**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 BRANCH**

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 Branch  
(along with name and designation stamp)



**FORM-C**  
(See rule 6)

Serial No.....

**APPLICATION FOR NOMINATION/CHANGE/CANCELLATION OF NOMINATION UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004**

TO **The Branch Manager**  
**UCO Bank**

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

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

Sir,

1.\* I,.....hereby 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**

Sl. No.	Name(s)of the nominee(s) alongwith relationship with the depositor	Permanent Address	Date(s) of birth of nominee(s) in case of a minor/ age in other case(s)	Share of the nominee(s) in the amount payable.
(1)	(2)	(3)	(4)	(5)

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 supercession 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.....

**Signature of the depositor**  
(Name and address)

2.....

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

**\*Score out whichever is not applicable.**

**FOR THE USE OF BRANCH**

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 Branch  
(alongwith name and designation stamp)



## FORM-D

(See sub-rule (1) of rule 3 and rule 10)

Serial No.....

### PAY – IN – SLIP FOR DEPOSITS UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

Counterfoil (1)		Counterfoil (2)	
<b>Depositor's copy</b>		<b>Branch's copy</b>	
Name of the Branch		Name of the Branch	
Name of depositor..... Address:		Name of depositor..... Address:	
Father's/Husband's name:		Father's / Husband's Name:	
*Name of Agent (in case of account introduced through agent) with agency code No., date and validity.....		*Name of Agent (in case of account introduced through agent) with agency code No., date and validity.....	
Account No..... Date..... (to be filled in by deposit office)		Account No..... Date..... (to be filled in by deposit office)	
Ledger Folio.....(to be filled by branch office)		Ledger Folio.....(to be filled by branch office)	
Amount of Deposit (Rs.)#		Amount of Deposit (Rs.)#	
Cheque/Demand Draft realisation charges (Rs.)##		Cheque/Demand Draft realisation charges (Rs.)##	
Account Transfer Fee (Rs.)##		Account Transfer Fee (Rs.)##	
Fee for issue of Duplicate Pass Book (Rs.)##		Fee for issue of Duplicate Pass Book (Rs.)##	
Other charges, if any. (Rs.)##		Other charges, if any. (Rs.)##	
<b>TOTAL AMOUNT (Rs.)</b>		<b>TOTAL AMOUNT (Rs.)</b>	
Total Amount in words (Rupees..... .....)		Total Amount in words (Rupees..... .....)	
<b>Details of CASH DEPOSIT:</b>		<b>Details of CASH DEPOSIT:</b>	
	<b>AMOUNT</b>		<b>AMOUNT</b>
2000 x		2000 x	
1000 x		1000 x	
500 x		500 x	
100 x		100 x	
50 x		50 x	
20 x		20 x	
10 x		10 x	
05 x		05 x	
02 x		02 x	
01 x		01 x	
<b>COINS</b>		<b>COINS</b>	
<b>TOTAL (CASH):</b>		<b>TOTAL (CASH):</b>	
Cheque /Demand Draft No. and date: .....		Cheque /Demand Draft No. and date: .....	
Bank / Branch on which drawn: .....		Bank / Branch on which drawn: .....	
<b>AMOUNT (RUPEES) :</b>		<b>AMOUNT (RUPEES) :</b>	
By (Depositor's signature)		By (Depositor's signature)	

( P. T. O.)	( P. T. O.)
Continued from prepage.....	Continued from prepage.....
<b><u>TO BE COMPLETED BY DEPOSIT OFFICE</u></b>	<b><u>TO BE COMPLETED BY BRANCH OFFICE</u></b>
Head of Government Account(to be entered by Deposit Office)# / ##.....	Head of Government Account(to be entered by Deposit Office)# / ##.....
<b>Received Rs..... (Rupees.....)</b> <b>as detailed hereinabove. For deposit in Account No.....</b> *Agent's Commission at the rate of.....per cent of deposit amounting to Rs..... (Rupees.....)### has been paid at source (under receipt).  Cashier's scroll No..... <div style="text-align: right;">Signature of Cashier (with name and office seal)</div>  <div style="text-align: right;">Supervisor/Incharge of Deposit office alongwith office seal</div>	<b>Received Rs..... (Rupees.....)</b> <b>as detailed hereinabove. For deposit in Account No.....</b> *Agent's Commission at the rate of.....per cent of deposit amounting to Rs..... (Rupees ..... )### has been paid at source (under receipt).  Cashier's scroll No..... <div style="text-align: right;">Signature of Cashier (with name and office seal)</div>  <div style="text-align: right;">Supervisor/Incharge of Branch office alongwith office seal</div>
<b>NOTE:</b> 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.  <b>* Score out if not applicable</b>  #: In respect of Deposits: -Major Head:8001 -National Savings Deposits.  ##: <b>In</b> respect of various charges: -Major Head: 8008 -Income and Expenditure of NSSF.00.104.Other Incomes. ### <b>In respect of agency commission to agents</b> Major Head: 8008 -Income and Expenditure of NSSF.03.104	<b>NOTE:</b> 1. The cheque/demand draft should be in favour of the Branch Office, or in favour of the depositor duly endorsed in favour of the branch office. 2. Cheques / Demand Drafts are subject to realisation of the proceeds.  <b>* Score out if not applicable</b>  #: In respect of Deposits: -Major Head:8001 -National Savings Deposits.  ##: <b>In</b> respect of various charges: -Major Head: 8008 -Income and Expenditure of NSSF.00.104.Other Incomes. ### <b>In respect of agency commission to agents</b> Major Head: 8008 -Income and Expenditure of NSSF.03.104



# FORM – E

(See sub rule (1) of rule 8 and rule 9)

Serial No.....

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

TO

**The Branch Manager  
UCO Bank**

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

**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 BRANCH

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 the branch) as per details furnished above.

Signature / Thumb impression of the depositor

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

**\*: Score out whichever is not applicable.**



**FORM – F**

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

Serial No.....

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

TO

**The Branch Manager  
UCO Bank**

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

**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.
- (iv) Pass Book of the Depositor.
- (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 BRANCH**

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

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

**NET AMOUNT PAYABLE Rs.....**  
**(Rupees.....)**

**RECEIPT TO BE SIGNED BY THE CLAIMANT(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 the Branch official  
(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 Branch Manager  
UCO Bank

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 d 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 Branch Manager  
UCO Bank

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 Branch Manager  
UCO Bank

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 S hri/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 branch in the name of the estate of the said.....  
deceased father/mother after the realisation of Draft No.....On .....  
issued by ..... (name of the branch) 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**



**FORM – G**

(See rule 11)

Serial No.....

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

TO  
**The Branch Manager  
UCO Bank**

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

**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 branch)

**2. The Pass Book is enclosed.**

Signature or thumb impression of the Depositor

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

My specimen signature/thumb impressions, as available in the record of transfer er branch, are as below: -

(i) Ist Depositor:-

1. [ ] 2. [ ] 3. [ ]

\*Witness..... \*Witness..... \*Witness.....

(i) Joint Depositor:-

1. [ ] 2. [ ] 3. [ ]

Countersigned Postmaster/Official (Countersigned Postmaster/Official (Countersigned Postmaster/Incharge of Transferer branch) of Transferer branch) of Transferer branch)  
Date.....& branch Seal Date.....& branch Seal Date.....& branch Seal

**Forwarded to:**.....(Transferee Branch) and necessary entries passed in the office record(s).

Signature & branch seal (Transferer Branch)

Date.....

**FOR USE BY THE TRANSFEEE BRANCH**

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 branch) 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 branch office.

Signature of Branch Manager / In-charge (with office seal) Branch Office.