

FORM E

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

STATE BANK OF _____
Nomination under the Public Provident Fund Scheme, 1968

To
The Agent/Manager,
State Bank of _____.

I _____, 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 :-

Sl. 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

* As the nominee(s) at Serial No.(s) _____ specified above is/are minors, I appoint Shri/Smt./Kumari _____ 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

Signature/ thumb impression of subscriber

Name and Address:

Date:

FOR THE USE OF ACCOUNTS OFFICE

The above nomination has been registered on _____ and an entry made in the Pass book.

Date _____

Signature of Accounts Officer

*Delete if not applicable.