

FORM G

[See sub-paragraphs (5) of paragraph 12]

STATE BANK OF _____.

Application for withdrawals by nominees/ legal heirs under the Public Provident Fund Scheme,1968

To
The Agent/Manager,
State Bank of _____

I/ We, _____, the nominee(s)/ legal heir(s) 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 the 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 the 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 claimant(s)

Date _____.

*Delete if not applicable.

**Strike off if there is a valid nomination.

@To be produced by legal heirs, in the absence of nominations, for claims up to Rs. 1 lakh.

FOR USE OF ACCOUNTS OFFICE

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

Date _____.

Accounts Officer

RECEIPTS TO BE SIGNED BY THE CLAIMANTS

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

Place _____.

STAMP

Date _____.

Signature(s)/ thumb impression of claimant(s)

ANNEXURE 1 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 your having agreed to pay or paying me/ us the sum as aforesaid.

In witness whereof we have hereunto set 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. _____

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 _____ residents 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 the deceased Sh./ 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.

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 our knowledge and nothing material has been concealed.

Dated _____.

Deponents

ANNEXURE III TO FORM G
LETTER OF DISCLAIMER ON AFFIDAVIT

To
The Manager/ Post Master,

[Name of the bank/ head post office]

I/ We (i) _____, husband of/ wife of _____ residents _____, son of/ daughter of _____, do hereby solemnly affirm and declare as follows:

(1) That Sh./ Smt _____ died intestate on _____ leaving behind us _____ his 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 to 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. _____.

Deponents

VERIFICATION

We, the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to our knowledge.

Dated _____ ..

I identify the deponent who is personally known to me and who has signed in my presence.

Dated _____.

Attested

OATH COMMISSIONER