

SB 101

CLAIM UNDER THE SCHEME OF PROTECTED SAVINGS

To

The Postmaster
.....

Sir

In connection with the settlement of the claim in respect of the 5 year Post Office Recurring Deposit Account particularized below, I/We the undersigned hereby claim the full maturity value under the Scheme of Protected Savings.

- i Name of Depositor in full (in block letters)
- ii Name of Depositor's father/husband
- iii Last address of Depositor
- iv Date of death of Depositor
- v Place of death of Depositor
- vi Declared age/date of birth of depositor
at the time of opening of account
- vii Date of opening of Account
- viii RD Account No.
- ix Denomination Rs.
- x Post Office
- xi Head Post Office
- xii Date of Claim
- xiii Particular's of claimant(s)

Sl No	Name and address of claimant	Relationship with depositor
1		
2		

xiv Particulars of Near Relatives of Depositor

Sl No	Name and Address	Age	Relationship with depositor

To my/our knowledge, the deceased has the following other Recurring Deposit Accounts in the Post Office on which I/we shall not claim the benefit under the Scheme of Protected Savings but shall claim only the proportionate amount payable under the RD rules.

Sl	Account No	Head Post Office	Date of Opening	Denomination	Name of Nominee

In support of the claim, I/We submit the Death Certificate in respect of the Depositor issued by

I/We am/are nominee(s) of the deceased depositor as per nomination registered in your records.

I/We certify that I/We have not made any claim in respect of any other RD account standing in the name of the deceased depositor under the Scheme of Protected Savings nor shall we do so in future.

Yours faithfully

Address of claimants
(i)

Signature
Name

Address of claimants
(ii)

Signature
Name

CERTIFICATE BY TWO WITNESSES

We hereby certify that claimant(s) who has/have signed in our presence is/are known to us and the particulars furnished above by him/them are correct.

Dated

1 Signature
 Name
 Address

Dated

2 Signature
 Name
 Address

ORDERS BY THE POSTMASTER