Department of Posts

APPLICATION FOR AVAILING OF THE FACILITY OF CHEQUE SYSTEM

Date		
To, The Post Office Savings Bank		
Post Office		
Please permit me/us to avail of the facility of the cheque system and issue a cheque book for my/our Savings B Account No standing open at your office with a balance of Rs		
2. I/we hereby declare that I/we have read the conditions governing the facility of cheque system in the Post Office Savings Bank Accounts as laid down in Rule 28-A of the Post Office Savings Bank Rules 1881 and that I/we accept a aforesaid conditions, and such amendments thereto as may be issued from time to time, as binding upon me/us.		
Name(s) of Depositor(s) (in block letters)		
*3. The cheque book should be sent to me by reg	gistered post at the following address:-	
Depositor(s) * Delete if not applicable	Signature(s) of	
CERTI	IFICATE OF INTRODUCTION	
	do hereby certify that the depositor(s) of Post	
	standing open atPost Office is /	
Introduction accepted		
	Signature of introducer	
Signature with date of postmaster	Address (with A/c No. if he is a SB Depositor)	

TO BE FILLED IN BY POST OFFICE

Account No	Cheque Book containing	
Ledger No	Cheques Nos toissued	
Noted in ledger		
Initials with date of Postmaster	Initials with date of postmaster	
I/We hereby acknowledge r	EDGEMENT OF DEPOSITOR(S) FOR CHEQUE BOOK eceipt of the Cheque Book containing cheques No counted and found correct and in proper serial order.	to
	Signature(s) of Depositor(s)	