



FORM – G

[See sub paragraph (6) of paragraph 12]
**Application for withdrawal by Nominees/Legal Heirs under
The Public Provident Fund Scheme 1968**

To,
The Chief / Branch Manager
State Bank of India

I / We _____ the Nominee(s) / Legal Heir(s) of Late _____
the subscriber to Public Provident Fund Account No _____ wish to withdraw the
entire amount sending 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 Death of Mr. / Mrs. _____ also the
Nominee(s) appointed by the Subscriber.
- ** (iii) Succession Certificate / Letters of Administration with Attested Copy of Probate will of
the Deceased issued by _____ High Court.
- (iv) Passbook of PPF A/c of the Subscriber.
- @ (v) Letter of Indemnity
- @ (vi) Affidavit
- @ (vii) Letter of Disclaimer on Affidavit

PLACE : _____
DATE : ___/___/20___

Signature / Thumb Impression of
Claimant(s) / Nominee(s)

- * Delete if not Applicable.
- ** Strike Off if there is a valid Nomination.
- @ To be produced by the Legal Heirs in the absence of Nomination.

.....
TO BE USED BY THE BRANCH

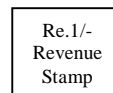
Payment of **Rs.**_____ (Rupees _____ Only) is sanctioned
as full Settlement of PPF A/c No _____ vide DD/BC No _____ dated ___/___/20___
favouring _____

Date : ___/___/20___

Branch / Service Manager

.....
RECEIPT TO BE SIGNED BY THE NOMINEE / CLAIMANT

Received the sum of **Rs.**_____ (Rupees _____) from the
State Bank of India _____ (Branch) as full settlement of my / our claim.



Date : ___/___/20___

Claimant(s) / Nominee(s)

Annexure – I to **FORM-G**
(Letter of Indemnity)

To,
The Chief / Branch Manager
State Bank of India

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

In witness whereof we have hereunto set your hands at _____ on this ____ day of _____ 20____ 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**

(i) _____ (Signature of Surety)
_____ (Name & Address of Surety)

(ii) _____ (Signature of Surety)
_____ (Name & Address of Surety)

Name and Address of Witnesses

(i) _____ (Signature)
_____ (Name & Address)

(ii) _____ (Signature)
_____ (Name & Address)

Attested

Notary Public

Annexure – II to **FORM-G**
(Affidavit)

To,
The Chief / Branch Manager
State Bank of India

I / We _____ Husband/Wife of Late _____ aged ____
years 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** Late _____ who died at _____
on ___/___/20___. I / We alone represent the estate of Shri. / Smt. _____
2. That the **Deceased** Late _____ did not leave any WILL and therefore I/We am/are
the only Successor(s) to the estate of the said Deceased.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

DEPONENTS

Verification:

I/We, the above named deponents do hereby verify on solemn affirmation at _____ (name of
place) that the contents of this affidavit are true to my/our knowledge and nothing material has been
concealed.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

DEPONENTS

Dated : ___/___/20__

ATTESTED

(Oath Commissioner)

Annexure – III to FORM-G
(Letter of Disclaimer on Affidavit)

To,
The Chief / Branch Manager
State Bank of India

I / We _____ Husband/ Wife of _____ residents of

(i) _____ Son / Daughter of _____

(ii) _____ Son / Daughter of _____

do hereby solemnly affirm as follows: -

1) That Shri / Smt. _____ died instate on ___/___/20___ 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 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 ___/___/20___ issued by State Bank of India and we have no objection whatsoever in the balance in the above referred PPF Account no _____ together with interest, if any, accrued thereon being paid by the Bank to our said mother/father Mrs./Mr. _____

1) _____

2) _____

3) _____

4) _____

DEPONENT(S)

Verification:

I/We, the above named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to my/our knowledge and nothing material has been concealed.

1) _____

2) _____

3) _____

4) _____

DEPONENT(S)

Dated : ___/___/20___

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence

ATTESTED

(Oath Commissioner)

Dated : ___/___/20___

(Annexure I to III to Form G added vide Ministry of Finance (DEA) Notification No.F-3(6)PD/86 dated 23/03/1986)