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 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 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 indemnity 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) Attested
____________________ (Name & Address)
____________________ Notary Public
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)