

4. We are aware that in case of accounts held jointly, this facility is available only if the mode of operation of the account is Either or Survivor or Anyone or Survivor.

Yours faithfully,

**Name and Signature of 1st
Account holder**

**Name and Signature of 2nd
Account holder**

**Name and Signature of 3rd
Account holder**

FOR OFFICE USE

Application Serial Number:

Username	Account Number	CIF No.

Verified that the PPF accounts and/or Loan accounts proposed to be linked belong to the user (s).

Linking of PPF/Loan Accounts permitted.

DATE:

SIGNATURE OF INB OFFICER