

FORM-B

(See sub-rule (3) of rule 4) APPLICATION FOR EXTENSION OF AN ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

The Chief / Branch Manager State Bank of India		
APPLICATION FOR EXTENSI		
WITH EFFECT FROM/_	_/20(DATE/MONTH	I/YEAR)
Sir / Madam,		
1. I,	Son/Daughter/Wife o	of, a Depositor
of account No	, (hereinafter	referred to as the 'said account') hereby
apply for continuation of	the account under the S	Senior Citizens Savings Scheme, 2004
(hereinafter referred to as maturity of my above-said		rther period of three years from the date of
		able to the account during the period of ules, 2004 as amended from time to time.
deposit standing at my cred	-	of the extended period and get back the stment of the interest paid in excess, if any, he said account.
Date ://20		(Signature of the Depositor)
Place :		
		(Name and Address)
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The account No	which was one	ened on//20 with ₹
	Only) under the Senior Citizens Savings Scheme,	
. ,	3,	I for a period of three years with effect from
		% per cent per annum as applicable under
		on the date of maturity, shall be applicable
during the extended period of t		3.
Necessary entries have been m	·	accordingly.
Date ://20		