

Date : ___/20___

FORM - G

(See rule - 11) APPLICATION FOR TRANSFER OF ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

	, e Chief / Branch Managei ate Bank of India	-			
Sir	/ Madam,				
Α.	1,	, Son / D	aughter / Wife of _		
	Resident of			, a Depositor of Acco	unt
	No	_ hereby apply for TR	ANSFER OF MY AG	CCOUNT No	
	with a deposit, of ₹	(Rupees		Oı	าly)
	under the Senior Citizer	ns Savings Scheme, 20	004 to		
		(Name and full	Address of the Trai	nsferee Bank / Post Office)	
В.	The Pass Book is enclos	ed.			
\\/i	itnesses (Signature, na	ame and address)*	Signature/Thu	umb impression of the Deposito	^(s)
1)	· -		2)		-
C.	My/our* Specimen signated below: (i) First Depositor:	atures (Thumb impres	sion), as available i	n the record of your Branch are	as
1.		2.		3.	
	(ii) *Joint Depositor:				
1.		2.		3.	
	*Witness	*Witness _		*Witness	
*:	Required in case of Thun				
	(Countersigned by Serv. M. Date:/20		ed by Serv. Manager) //20	(Countersigned by Serv. Manag	er)
			Signature or T	Thumb Impression of the Depos	itor
Fo	orwarded to anch / Office) and nec			(Transferee Depo	sit
Br	anch / Office) and nec	essary entries passe	ed in the office red	cord(s).	

FOR USE BY THE TRANSFEREE DEPOSIT OFFICE

A.	Received application for transfer of Account	No opened on//20		
	under SENIOR CITIZENS SAVINGS SCHEME, 2	2004, in the name of &		
	(Joint Holder,	f any) standing on the books of the State Bank of		
	India,	(Name & Address of the transferor Branch) showing		
	a deposit of ₹ (Rupees), due to		
	mature on//20			
В.	The Entries in the pass book have been checked, necessary entries indicating transfer, have been made and pass book has been returned to the depositor.			
Pa	ss Book Received in Original.	(Signature of Official in Transferee Bank/Post Office)		
#	(Signature / Thumb Impression of Depositor(s))			
#:	to be signed on receipt of the Pass Book at the	Transferee Bank / Post Office.		