

Application for extension of RD/TD/PPF/SCSS Account

To,		
	Postmaster	
Sir,		
1.	I/We	is/aredepositorof
		under(Recurring
Depo	sit/National Savings	Time Deposit Scheme for 1/2/3/5 years/ Public
Provi	ident Fund/ Sr. Citizer	Savings Scheme) in your office. The said account was
opene	ed on	_and has/will mature onfor payment.
year(years matu	s) in case of RD and To s in case of SCSS, a crity of the above said a	
the pshall 4. conti	period of extension und abide by them. I/We hereby declar	he terms and conditions applicable to the account during ler the said scheme as amended from time to time and that I/We, and the minor (in case of minor account). Citizen of India at the time of commencement of the
Place:		
Date:		Signature of the account holder(s)/guardian (Name and address)
		For the use of Post Office
of sch	(Rupeesneme) and matured on	which was opened on with Rs under (Name, has been extended for a period of from under scheme
	sions.	
	ment of account.	en made in the records and pass book/deposit receipt
Date	:	Signature of Postmaster

Seal