## **DEPARTMENT OF POSTS**

Post Office Savings Bank/Savings Certificate claim application where no nomination exists or legal evidence is not produced

## Instructions for filling up the form

			<b>5 1</b>		
1	The form must be filled in by the person who is entitled under the Hindu Succession Act or Indian Succession Act or any act under the Mohammadan Law				
2	The consent/dissent statements of all near relatives should be attached to the claim				
3	Payment will be made only at the office where the account/certificate stands				
4	Amount can be remitted by crossed cheque on the request of the claimant.				
Saving to Rs. HPO i	n the name(s) of	of the near		o	
Sl	Name	Age	Relationship to the deceased depositor/holder	Address	
with				above are living	

Passbook/Savings Certificates or receipt for the passbook/Savings Certificates (i) of depositor/holder from a Municipal/Local (ii) Death Certificate the Authority/Hospital/Police Station. When death occurs at a place where none of these institutions or authorities exist, a certificate from a Gazetted Officer, MP/MLA or Panchayat Officer or Mukhiya/Village Police Patel or certificate from a last employer or the Doctor or Hakim who last attended the deceased depositor, in case where the balance does not exceed Rs.250/-Statements of consent from the near relatives left behind by the depositor as (iii) mentioned against item No.2 above A guardianship certificate on behalf of the minor relatives of the deceased (iv) depositor (if the claimant is not a guardian under the law applicable to him) 4 To the best of my information, the deceased did not operate/hold any other account/certificate (if he had one, give details) 5 In case of Account/Certificate pledged as Security Deposit, I am enclosing Release Authority No. dated Of the pledgee. Signature of Claimant ..... Date ..... Name (in Block Letters) ..... Address ..... **DECLARATION** oath/solemn affirmation that each and all the particulars stated above are true and correct to the best of my knowledge and belief and that nothing has been concealed therein. Signature ..... Date ..... Name (in block letters) ..... Designation stamp .....

The documents listed below are attached in support of my claim.

3

**Note 1**: The above declaration may be made before (a) Postmaster/Departmental Sub Postmaster/Superintendent of Post Offices/Regional Director Postal Services/Head of the Circle.

**Note 2**: The claimant's statement should also be signed in the presence of the authority before whom the declaration is made. If the above declaration is not made, the statement of the claimant should be attested by one of the authorities mentioned in Note 3 below in the following form and also the certificates and statements accompanying should be attested by that authority.

Certified that the claimant is known to me and the above statement made by him is, to the best of my knowledge and belief, correct

Date	Signature
	Name (in block letters)
	Designation stamp
	Address
Municipal Board, Gram Pancha Executive Officer of the Munic	be signed by a Gazetted Officer, President of the local yat, Block Development Officer, Sarpanch, Chief ipality, Corporation, Justice of Peace, Member of Assembly or a Postal Officer not below the rank of an
•	e attesting authority Sri
	Signature
	Name (in block letters)
	Designation stamp
	of the Postal Officer

Note 4: In case the claimant makes a declaration on oath/solemn affirmation before the sanctioning authority or a Judge, Magistrate or other authority empowered under the Law to administer oath or take evidence, the statement need not be certified by any of the above persons. The certificate is necessary only in cases the claimant is unable to make a declaration on oath/solemn affirmation. The documents mentioned in item 3 of the application form should also be attested by the certifying authority.

## CONSENT/DISSENT STATEMENT

	l,	(name of the deponent) son of
Sri .		(here state the full relationship) to
Sri		(name of the deceased holder
depo	ositor of PO Savings Bank Account	No Posta
Cert	ificate(s) Nos	
issu	ed from	(Post Office) of the total value of Rs
here	by consent/dissent * to the payment of the	he amount being made to
(nan	ne of the claimant)	
	My age is years	
	The above statement has been made	in presence of two under noted witnesses.
	* State the nature of objections presc	ribed below :-
Date	<del>)</del>	Signature
the o	The above statement was made by deponent) who is personally known to us	
Witı	nesses :-	
1	Signature  Name (in block letters)  Address	Name (in block letters)