

**FORM G**

[See sub-paragraphs (5) of paragraph 12]

STATE BANK OF

**Application for withdrawals by nominees/ legal heirs under  
the Public Provident Fund Scheme, 1968**

To  
The Agent/Manager,  
State Bank of

I/ We, \_\_\_\_\_), the nominee(s)/ legal heir(s) of late \_\_\_\_\_, the  
subscriber to Public Provident Fund Account No. \_\_\_\_\_ wish to withdraw the entire  
amount standing to the credit of the deceased in the said account.

Please find enclosed :

- (i) A certificate in regard to the death of the subscriber.
- (ii) Certificate in regard to the death of Shri \_\_\_\_\_ and Shri \_\_\_\_\_ also  
the nominee(s) appointed by the subscriber.
- (iii) Succession certificate/ Letters of Administration with attested copy of the probated will  
of the deceased subscriber issued by \_\_\_\_\_ High Court.
- (iv) Pass Book of the subscriber.
- @ (v) Letter of indemnity.
- @ (vi) Affidavit.
- @ Letter of disclaimer on affidavit.
- (vii)

Place

Signature(s)/ thumb impression of claimant(s)

Date

Delete if not applicable.

Strike off if there is a valid nomination.

@To be produced by legal heirs, in the absence of nominations, for claims up to Rs. 1 lakh.

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FOR USE OF ACCOUNTS OFFICE

Withdrawal of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) is sanctioned.

Date

Accounts Officer

RECEIPTS TO BE SIGNED BY THE CLAIMANTS

Received the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) from the State  
Bank of \_\_\_\_\_ in full settlement of our claim.

Place

STAMP

Date

Signature(s)/ thumb impression of claimant(s)

**ANNEXURE 1 TO FORM G  
LETTER OF INDEMNITY**

To

RUSHABH INFOSOFT LTD.

The Manager/ Post Master,

(Name of the bank/ head post office)

In consideration of your paying or agreeing to pay me/ us \_\_\_\_\_  
(Names of legal heirs) the sum of Rs. \_\_\_\_\_ standing in Public Provident Fund  
Account No. \_\_\_\_\_ with your Bank in the name of  
\_\_\_\_\_ without production of letters of administration or a succession certificate to  
the estate of the deceased \_\_\_\_\_ (Name of the subscriber) or a  
certificate from the Controller of Estate Duty to the effect that estate duty has been paid or will be  
paid or none is due, I/we \_\_\_\_\_ and we \_\_\_\_\_  
(sureties) do hereby for ourselves and our heirs, legal representatives, executors and  
administrators jointly and severally undertake and agree to indemnify you and your successors  
and assigns against all claims, demands, proceedings, losses, damages, charges and expenses  
which may be raised against or incurred by you by reason or in consequence of your having  
agreed to pay or paying me/ us the sum as aforesaid.

In witness whereof we have hereunto set our hands at \_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_ in the presence of witnesses.

Signed and delivered by the above-named heir/ heirs of the deceased

Signed and delivered by the above-named sureties:

- 1.
- 2.

Names and addresses of witnesses:

- 1.
- 2.

Attested

NOTARY PUBLIC

**ANNEXURE II TO FORM G**  
**AFFIDAVIT**

To

The Manager/ Post Master,

[Name of the bank/ head post office]

I/ We, \_\_\_\_\_ husband of/ wife of late \_\_\_\_\_ aged, \_\_\_\_\_  
aged, \_\_\_\_\_  
aged \_\_\_\_\_ sons/ daughters of the said late \_\_\_\_\_ residents of  
, do hereby declare and solemnly affirm as under:

(1) That I/we am/ are the only heir(s) of the deceased \_\_\_\_\_ who died at  
\_\_\_\_\_ on \_\_\_\_\_ I/ we alone represent the estate of the deceased Sh./ Smt

(2) That the deceased \_\_\_\_\_ did not leave any will and, therefore, I/  
we am/ are the only successor(s) to the  
estate of the said deceased.

Deponents

VERIFICATION

I/We, the above-named deponents do hereby verify on solemn affirmation in \_\_\_\_\_ (name of place) that the contents of this affidavit are true to our knowledge and nothing material has been concealed.

Dated

Deponents

**ANNEXURE III TO FORM G**  
**LETTER OF DISCLAIMER ON AFFIDAVIT**

To

The Manager/ Post Master,

[Name of the bank/ head post office]

I/ We (i) \_\_\_\_\_, husband of/ wife of \_\_\_\_\_ residents of \_\_\_\_\_ (ii) \_\_\_\_\_, son of/ daughter of \_\_\_\_\_, (iii) son of/ daughter of \_\_\_\_\_, do hereby solemnly affirm and declare as follows:

(1) That Sh./ Smt \_\_\_\_\_ died intestate on \_\_\_\_\_ leaving behind us his only heirs.

(2) That we \_\_\_\_\_ heirs of our late father/ mother for ourselves and on behalf of our heirs, executors, representatives and assigns do hereby relinquish our claims to the balance of Rs. \_\_\_\_\_ which may be credited to the account sought by our mother/ father to be opened in your Branch in the name of the estate of the said \_\_\_\_\_ deceased father/ mother after the realisation of Draft No. \_\_\_\_\_ on \_\_\_\_\_ issued by \_\_\_\_\_ [Name of bank] and we have no objection whatsoever to the balance in the above-referred Account No. \_\_\_\_\_ together with interest, if any, accrued thereon being paid by the Bank to our said mother/ father Mrs./ Mr.

Deponents

**VERIFICATION**

We, the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to our knowledge.

Dated

I identify the deponent who is personally known to me and who has signed in my presence.

Dated

Attested

OATH COMMISSIONER