

FORM-2
DEPARTMENT OF POSTS
[See Rule 14(1)]

Serial No. _____.

**FORM OF APPLICATION FOR NOMINATION UNDER SECTION 6 OF THE
GOVERNMENT SAVINGS CERTIFICATES ACT, 1959**

(This form will be filled in by the holder(s) and submitted with the certificates to the Postmaster of the office where the certificate stands registered)

To

The Postmaster

Sir,

Under provisions of section 6(1) of the Government Savings Certificates Act, 1959, I/We the holder(s) of Savings Certificates detailed below, hereby nominate the persons mentioned below, who shall, on my/our death, become entitled to the Savings Certificate(s) and to be paid the sum due thereon to the exclusion of all other persons. I/We hereby declare that I/We have not so far made any nomination in respect of these certificates.

Sl. No.	Name of the nominee(s) nominee	Full Address	Date of birth of in case of minor

2. As the nominee(s) at serial number(s). _____ above is/are minor(s). I/We appoint Shri/Smt./Kumari. _____ (name and full address) as the person to receive the sum due thereon in the event of my/our death during the minority of the nominee(s).

3. The certificates detailed below are enclosed.

Sl. No. of Certificates	Denomination	Date of Issue	Office of Issue

Address

(In case of illiterate holder, father's name should be given)

Yours faithfully,

Signature (or thumb
impression)

If illiterate of holder(s)

Witnesses-

1. Name - _____.

Address - _____.

2. Name - _____.

Address - _____.

N.B. In the case of illiterate holders, the witnesses shall be persons whose signatures are known to the Post Office.

Order of the Postmaster accepting the nomination.

Date Stamp of Post Office

Signature of Head/Sub-Postmaster