APPLICATION FOR TRANSFER OF POST OFFICE …… CERTIFICATES FROM ONE POST OFFICE TO ANOTHER

Sl. No and date of original application for purchase of the Certificate

Oblong MO Stamp of Transferee Office

To

The Postmaster
…….

I/We ……. request that the undermentioned certificate(s) in my/our Name/the name of minor (Name ……..) which is/are registered in the books of your office may be transferred to the books of the …….. Post Office

PARTICULARS OF THE CERTIFICATE

No. & Type	Date of issue	Denomi-nation	If purchased on behalf of minor		Sl No.of identity slip issued	Date of discharge and initials of the Postamster	Every change effecting a certificate such as transfer spoilt, sisue of duplicate certificates etc should be noted hereunder the dated initials of the Postmaster
			Date of birth	Name of guardian authorised to encash			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature

(not thumb impression of nominee (if any) per column 4 above)

Signature of the Nominee mentioned in Column 4 attested

Signature (with date) of the Postmaster of the transferring office

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PARTICULARS OF NOMINATION UNDER SECTION 6(1) OF GOVERNMENT SAVINGS CERTIFICATE ACT 1959, AS RECORDED IN THE APPLICATION FOR PURCHASE

Sl	Name of the Nominee	Full Address	Date of birth of nominee if minor	Name of nominee with full address in case of death of minor mentioned in Column (2)	Signature of the Postmaster of the office of registration attesting the particulars in column 1 to 5
(1)	(2)	(3)	(4)	(5)	(6)

Address :

……
……
……...

Signature (or thumb impression, if illiterate) of holder/applicant (in case of illiterate applicant's father's name is to be mentioned)

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