



# FORM – G

[See sub paragraph (6) of paragraph 12]  
**Application for withdrawal by Nominees/Legal Heirs under  
The Public Provident Fund Scheme 1968**

To,  
The Chief / Branch Manager  
**State Bank of India**

I / We \_\_\_\_\_ the Nominee(s) / Legal Heir(s) of Late \_\_\_\_\_  
the subscriber to Public Provident Fund Account No \_\_\_\_\_ wish to withdraw the  
entire amount sending 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 Death of Mr. / Mrs. \_\_\_\_\_ also the  
Nominee(s) appointed by the Subscriber.
- \*\* (iii) Succession Certificate / Letters of Administration with Attested Copy of Probate will of  
the Deceased issued by \_\_\_\_\_ High Court.
- (iv) Passbook of PPF A/c of the Subscriber.
- @ (v) Letter of Indemnity
- @ (vi) Affidavit
- @ (vii) Letter of Disclaimer on Affidavit

PLACE : \_\_\_\_\_  
DATE : \_\_\_/\_\_\_/20\_\_\_

Signature / Thumb Impression of  
**Claimant(s) / Nominee(s)**

- \* Delete if not Applicable.
- \*\* Strike Off if there is a valid Nomination.
- @ To be produced by the Legal Heirs in the absence of Nomination.

.....  
**TO BE USED BY THE BRANCH**

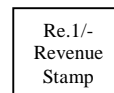
Payment of **Rs.**\_\_\_\_\_ (Rupees \_\_\_\_\_ Only) is sanctioned  
as full Settlement of PPF A/c No \_\_\_\_\_ vide DD/BC No \_\_\_\_\_ dated \_\_\_/\_\_\_/20\_\_\_  
favouring \_\_\_\_\_

Date : \_\_\_/\_\_\_/20\_\_\_

Branch / Service Manager

.....  
**RECEIPT TO BE SIGNED BY THE NOMINEE / CLAIMANT**

Received the sum of **Rs.**\_\_\_\_\_ (Rupees \_\_\_\_\_) from the  
State Bank of India \_\_\_\_\_ (Branch) as full settlement of my / our claim.



Date : \_\_\_/\_\_\_/20\_\_\_

Claimant(s) / Nominee(s)

Annexure – I to **FORM-G**  
(Letter of Indemnity)

To,  
The Chief / Branch Manager  
**State Bank of India**

\_\_\_\_\_  
\_\_\_\_\_

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 having agreed to pay/or paying me/us the sum as aforesaid.

In witness whereof we have hereunto set your hands at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ 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**

(i) \_\_\_\_\_ (Signature of Surety)  
\_\_\_\_\_ (Name & Address of Surety)  
\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_ (Signature of Surety)  
\_\_\_\_\_ (Name & Address of Surety)  
\_\_\_\_\_  
\_\_\_\_\_

**Name and Address of Witnesses**

(i) \_\_\_\_\_ (Signature)  
\_\_\_\_\_ (Name & Address)  
\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_\_\_ (Signature)  
\_\_\_\_\_ (Name & Address)  
\_\_\_\_\_  
\_\_\_\_\_

**Attested**

**Notary Public**

Annexure – II to **FORM-G**  
(Affidavit)

To,  
The Chief / Branch Manager  
**State Bank of India**

\_\_\_\_\_  
\_\_\_\_\_

I / We \_\_\_\_\_ Husband/Wife of Late \_\_\_\_\_ aged \_\_\_\_  
years sons/daughters of the said Late \_\_\_\_\_ resident of \_\_\_\_\_  
\_\_\_\_\_ do hereby declare and solemnly affirm as under :-

1. That I / We am/are the only heir(s) of the **Deceased** Late \_\_\_\_\_ who died at \_\_\_\_\_  
on \_\_\_/\_\_\_/20\_\_\_. I / We alone represent the estate of Shri. / Smt. \_\_\_\_\_
2. That the **Deceased** Late \_\_\_\_\_ did not leave any WILL and therefore I/We am/are  
the only Successor(s) to the estate of the said Deceased.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

DEPONENTS

**Verification:**

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

DEPONENTS

Dated : \_\_\_/\_\_\_/20\_\_\_

**ATTESTED**

**(Oath Commissioner)**

**Annexure – III to FORM-G**  
**(Letter of Disclaimer on Affidavit)**

To,  
The Chief / Branch Manager  
**State Bank of India**

\_\_\_\_\_  
\_\_\_\_\_

I / We \_\_\_\_\_ Husband/ Wife of \_\_\_\_\_ residents of

\_\_\_\_\_

(i) \_\_\_\_\_ Son / Daughter of \_\_\_\_\_

(ii) \_\_\_\_\_ Son / Daughter of \_\_\_\_\_

do hereby solemnly affirm as follows: -

- 1) That Shri / Smt. \_\_\_\_\_ died instate on \_\_\_/\_\_\_/20\_\_\_ leaving behind us \_\_\_\_\_ his / her 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 \_\_\_/\_\_\_/20\_\_\_ issued by State Bank of India and we have no objection whatsoever in the balance in the above referred PPF Account no \_\_\_\_\_ together with interest, if any, accrued thereon being paid by the Bank to our said mother/father Mrs./Mr. \_\_\_\_\_

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

DEPONENT(S)

**Verification:**

I/We, the above named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to my/our knowledge and nothing material has been concealed.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

DEPONENT(S)

Dated : \_\_\_/\_\_\_/20\_\_\_

I identify the deponent(s) who is/are personally known to me and who has/have signed in my presence

**ATTESTED**

**(Oath Commissioner)**

Dated : \_\_\_/\_\_\_/20\_\_\_

(Annexure I to III to Form G added vide Ministry of Finance (DEA) Notification No.F-3(6)PD/86 dated 23/03/1986)