

3. Account Type S. B. account Current Account Cash Credit Account

4. Account Number																				
5. Ledger Number																				
6. Ledger Folio No.																				

I hereby authorize _____ (name of the bank) to credit my interest / redemption amounts through ECS. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby agree to discharge the responsibility expected of me as a participant under the scheme.

Place _____ Date DD / MM / YYYY (Signature of the Applicant) _____

Bank Certification (Not required if photocopy of the cheque is submitted)

Certified that the particulars furnished above are correct as per our records (Date, Bank Stamp & Signature of Authorised Official)

Note: ECs facility is presently available only for members having a bank account in Ahmadabad, Bangalore, Bhubaneswar, Kolkata, Chandigarh, Chennai, Guwahati, Hyderabad, Jaipur, Kanpur, Mumbai, Nagpur, New Delhi, Pune & Thiruvananthapuram cheque clearing zones. Additional centers are likely to be added. In which case, members holding accounts at such centres may also opt for ECS facility at a later stage.

H.U.F. declaration form (mandatory if applicant is Karta of HUF) : I, _____ residing at the address given against First Applicant, do solemnly affirm that I am the Karta of the Hindu Undivided Family and as such have full powers to sell, endorse, transfer or otherwise deal in the 8 % Savings Bonds, 2003 (Taxable) standing in the name of the HUF.

Specimen signature for and on behalf of the HUF (name of the HUF) _____

Place _____ Date DD / MM / YYYY (Signature of the Karta with seal of HUF) _____

Nomination facility (optional) (Please note that nomination facility can be availed only if the holding is single. For Joint Holders, Minors and H.U.F. nomination facility is not available)

I, _____ residing at _____, the holder of Bond Ledger Account No _____

nominate the following person(s) who shall on my death have the right to the bond / receive payment of the amount for the time being due on the bond(s) specified below :

Particulars of Nominee /s

Sr. No.	Date of issue	Amount (Rs.)	Date of repayment	Full name with expanded initials and address of nominee	Date of birth	Relationship to holder	Particulars of bank account

If nominee is minor, please fill in the line below :

As _____ the sole nominee above is a minor on this date, I appoint Mr / Mrs / Ms _____ to receive the amount for the time being due on the above bond(s) in the event of my death during the minority of the said nominee (name of the nominee who is a minor).

Change of nomination : This nomination is in substitution of the nomination dated DD / MM / YYYY made by me and registered on your books at _____ which shall stand cancelled on registration of this nomination.

Place _____ Date DD / MM / YYYY Signature / Thumb impression @ of the 1st Applicant _____

@ Thumb impression to be attested by two witnesses.

Witnesses

Name of 1 st Witness _____ Address _____ Signature _____	Name of 2 nd Witness _____ Address _____ Signature _____
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----- TEAR AWAY HERE -----

YOU MAY ALSO ADDRESS YOUR COMPLAINT TO :

THE CHIEF GENERAL MANAGER
RESERVE BANK OF INDIA
CENTRAL OFFICE
DEPARTMENT OF GOVERNMENT AND BANK ACCOUNTS
BYCULLA (OPP. BOMBAY CENTRAL RLY. STATION)
MUMBAI 400 008, MAHARASHTRA