## FORM B

(See sub-rule(3) of rule 4)

0 1	N.T							
Serial 1	NO						_	 _

## APPLICATION FOR EXTENSION OF AN ACCOUNT UNDER SENIOR CITIZEN'S SAVINGS SCHEME, 2004

To	
The Postmaster/Incharge	(name of the Deposit Office)
Sub : Appl	ication for extension of an account for three years effect from (date/month/year)
no	Son/daughter/wife of
	nditions applicable to the account during the period of extension under e, 2004 as amended from time to time.
	ly on completion of the extended period and get back the deposit standing ustment of the interest paid in excess, if any, and any other charges said account.
Date	Signature of the Depositor
	Place (name and address)
	FOR THE USE OF DEPOSIT OFFICE
(Rupees, ha to	which was opened on with Rs
Necessary entries have been made in No accordingly.	in the Passbook No and relevant Ledger folio
Date	Signature of the incharge of Deposit Office

(alongwith name and designation stamp)