

FORM -12

(See Rule 11 of Government Savings Promotion Rules, 2018)

Letter of authority to open or operate an account under National Savings Schemes on behalf of depositor suffering from physical infirmity including blindness

To
The Postmaster/Manager
.....

Sir
I/we _____ depositor of account
number _____ under _____ (Name of
scheme) _____ hereby
authorise Sh./Smt./Ms. _____ w/o, s/o, d/o _____
_in whom I confide and whose photograph and signature are attested below to
operate the said account for the following purposes.

- 1.
- 2.
- 3.
- 4.



Specimen signature of authorised person
1.
2.
3.

Signature of Witness

Signature or thumb impression of Depositors

(Thumb impression should be attested by a person known to the PostOffice).

Name & Address:
Date