

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

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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.

Paste
Photograph
of authorised
person

Specimen signature of authorised person

- 1.
- 2.
- 3.

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.....

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Signature of Witness
Depositors

Signature or thumb impression of

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

Name & Address:

Date