## FORM G Application for withdrawal by nominees/legal heirs under the Public Provident Fund Scheme, 1968

To,
Branch Manager,
HDFC Bank Limited
I/We,
the nominee(s) /legal heirs(s) of late, the subscriber to
Public Provident Fund Account Nowish to withdraw the entire amount standing to the credit of the deceased in the said account.
Please find enclosed :
a) A certificate in regard to the death of the subscriber.
b) *Certificate in regard to the death ofand
also the nominee(s) appointed by the subscriber.
c) **Succession certificate /Letters of Administration with attested copy of the probated will
of the deceased subscriber issued byHigh Court.
d) Pass Book of the subscriber
<ul> <li>e) Letter of indemnity</li> <li>f) Affidavit</li> <li>g) Letter of disclaimer on affidavit</li> <li>f) To be produced by legal heirs in absence of nomination for claims up to Rs 1 lakh.</li> </ul>
Place Date
Signature(s) or thumb
Impression(s) of claimants
*Omit if not applicable
**Omit if there is a valid nomination
FOR THE USE OF BRANCH
RECEIPT TO BE SIGNED BY CLAIMANT(S)
Received the sum of Rs
from HDFC Bankbranch in full settlement of my/our claim.
Place
Date
Signature(s) or thumb
Impression(s) of claimants

## Annexure I to Form G (Letter of indemnity)

(Letter of indefinity)	
To,	
Branch Manager,	
HDFC Bank Limited	
In consideration of your paying or agreeing to pay me/us	
the sum of Rssta	nding in Public
Provident Fund Account No	
without production of letters of administra	
or a succession certificate to the estate of the deceased	ttion
or a certificate from the Controller of Estate Duty to the	
has been paid or will be paid or none in 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,	• • • •
expenses which may be raised against or incurred by you by reason or in consequ	
	ence of having agreed to
pay/or paying me/us the sum as aforesaid.	
In witness whereof we have hereunto set your hands at	
on thisday of	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	
1.	
2.	
Signature, names and addresses of witnesses:	
	A
Witness Name	Attested
Signature	Notary Public
Address	
Witness Name	
Signature	
Address	
1 Mai 000	

## Annexure II to Form G (Affidavit)

Branch Manager, HDFC Bank Limited
I/Weaged, sons/daughters aged of latedo hereby declare and solemnly affirm as under :-
1. That I/We am/are the only heir(s) of the deceasedon         I/We alone represent the estate of Shri/Smt
2. That the deceaseddid not leave any will and thereafter I/We am /are
the only successor(s) to the estate of the said deceased.
VERIFICATION : I/We, the above-named deponents do hereby verify on solemn affirmation in

(name of place) that the contents of this affidavit are true to our knowledge and nothing material has been concealed. Dated :

1. 2. 3.

э. 4.

Deponents

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

- 2.
- 3. 4.

Deponents

Attested

Oath commissioner

## Annexure III to Form G (Letter of disclaimer on Affidavit)

	(Letter of disclaimer on Allidavit)	
Branch Manager,		
HDFC Bank Limited		
I/We,h	usband of/wife of	residents of
son of/dau	ghter ofdo her	eby solemnly affirm and declare
as follows :-		
a. That Shri/Smt	died intestate on	leaving behind us
	.his/her only heirs.	
b. That we	heirs of our late father/mother for ourse	elves and on behalf of our heirs,
executor, representatives and a	ssigns do hereby relinquish our claims to	the balance of
Rswhich may	be credited to the account sought by our	mother/father to be opened in
your Branch in the name of the	e estate of the said	.deceased father/mother after the
realization of Draft No	issu	ied by (and
we have no objection whatsoev	ver in the balance in the above referred acc	count No
together with interest, if any ac	cryed thereon being paid by the Bank to c	our said mother/father Mrs./Mr.
1.		
2.		
3.		
5.		

Deponents

Deponents

VERIFICATION : I/We the above-named deponents do hereby verify on solemn affirmation that the contents of this affidavit are true to our knowledge.

Dated .....

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

Dated .....

Attested Oath Commissioner