

SUB BROKER CODE : _____



**8 % SAVINGS BONDS, 2003
(TAXABLE)
APPLICATION FORM**

App. No.: _____

BRANCH NAME _____

Broker's name & Code	Sub Broker's name & Code	Bank branch stamp	Branch name & Code	Date of application received at the branch	Date of application sent to the Registrar
	INDIA INFOLINE LTD 6827751				

Applicant(s) name(s) [in block letters]

1st Applicant : Mr/Mrs/Ms _____

2nd Applicant : Mr/Mrs/Ms _____

3rd Applicant : Mr/Mrs/Ms _____

Guardian : Mr/Mrs/Ms _____

Guardian's relationship with minor ☐ Father ☐ Mother ☐ Legal Guardian

Date of Birth : 1st Applicant DD / MM / YYYY Mother's maiden name _____

(Mandatory in case of minor)

Communication address of the applicant

Telephones (office / residence) _____ (O) _____ (R) _____

Status : ☐ Resident Individual ☐ HUF ☐ On behalf of minor ☐ Power of Attorney holder ☐ Charitable InstitutionInvestment details : ☐ Open a new Bond Ledger Account ☐ Credit to my Bond Ledger Account No _____Mode of Holding : ☐ Single ☐ Joint ☐ Anyone or SurvivorForm of Holding : ☐ Bond Ledger Account ☐ Stocks Certificate (only at RBI offices)Interest Option : ☐ Cumulative (Payable on maturity) ☐ Non-cumulative (Payable on half-yearly basis)Mode of investment : ☐ Cheque / DD ☐ Cheque / DD No _____ dated ____ / ____ / ____

Cheque / DD drawn on _____ (bank/branch) Amount : Rs _____

Amount (in words) _____

Bank details of First Applicant : (Please provide the following details for Interest / Redemption payment)

Payment Options : ☐ Directly credit interest amount to ICICI A/c Number _____ with (bank/branch) _____

Signature and PAN / GIR Number

	PAN / GIR Number	I.T. Circle / Ward / District Number	Signature / Thumb Impression @
1st Applicant			X _____
2nd Applicant			X _____
3rd Applicant			X _____

@Thumb impression to be attested by two witnesses on the back side

ECS MANDATE FORM (for credit of interest/redemption to bank account not held with bank having the Bond Ledger Account)

1. Name of the First Applicant

1st Applicant : Mr/Mrs/Ms _____

2. Particulars of the Bank account : Bank Name _____

Branch _____

Nine digit Code number of the Bank & Branch appearing on the MICR Cheque issued by the bank _____

IFSC Code : _____

(please attach a photocopy of the Cheque or a cancelled cheque issued to you by the bank for verification of the Code number)

☐ Issue Interest Warrant- Issue Interest Warrant where direct credit/ NEFT/RTGS is not available"

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ACKNOWLEDGEMENT OF APPLICATION FORM

Bank branch _____ Date DD / MM / YYYY

Received from Mr /Mrs / Ms _____

Cash / Draft / Pay Order / Cheque No. _____ dated DD / MM / YYYY

Cheque drawn on _____ Bank _____ branch for Rs _____ (rupees

only) for the purchase of 8 % Savings Bonds, 2003 (Taxable) for period of 6 years, interest

☐ payable on cumulative ☐ Non-cumulative basis of the nominal value of Rs _____

(rupees _____ only)

Date, Bank Stamp & Signature of the authorized official of the Bank

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

[illegible]

I hereby authorize _____ (ICICI Bank) to credit my interest / redemption amounts through electronic mode as per the detail furnish overleaf. 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 same. ,

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

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

Certified that the bank particulars furnished overleaf 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 Ahmedabad, Bangalore, Bhubaneswar, Kolkata, Chandigarh, Chennai, Guwahati, Hyderabad, Jaipur, Kanpur, Mumbai, Nagpur, New Delhi, Pune & Thiruvananthapuram cheque clearing zones. Additional centres 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)

(Signature of the Karta with seal of HUF)

Place _____ Date DD / MM / YYYY

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

@ Thumb impression to be attested by two witnesses.

Signature / Thumb impression @ of the 1st Applicant

Name of 1st Witness _____

Address _____

Signature _____

Name of 2nd Witness _____

Address _____

Signature _____

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