

**FORM -10**

**(See Rule14 of Government Savings Promotion Rules, 2018)**

**Application for cancellation or variation of nomination in an account under National Savings Scheme**

Name of the Post Office/Bank.....

Account No.....

Name of the scheme .....

To

The Postmaster/Manager

.....  
.....

1. I/We being the depositor(s)/guardian of \_\_\_\_\_ (Name of the minor/person of unsound mind) hereby nominate the person(s) named below, to be recipient(s) of the amount standing at the credit of the above mentioned account in the event of death of my/our/minor's/person of unsound mind, before closure of the said account.

| S.No. | Name(s) of the nominee(s) and relationship | Full address (s) | Aadhar Number of nominee/s | Date of birth of nominee in case of minor | Share of entitlement | Nature of entitlement<br>Trustee or owner |
|-------|--|------------------|----------------------------|---|----------------------|---|
|       |  |                  |                            |   |                      |   |

2. As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....  
.....Address.....  
.....to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

The above nomination will have the effect marked below

This nomination supersedes the previous nomination made in respect of the said account with registration number \_\_\_\_\_ date \_\_\_\_\_.

or

No nomination has been previously made in respect of the said account.

The passbook/deposit receipt/statement of account is enclosed

Signature or thumb impression of depositor(s)

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

Witnesses

1 Name

Address

Signature

2 Name

Address

Signature

**For office use only**

Nomination registered at Serial Number\_\_\_\_\_.

Date

Signature and Seal of Postmaster/Manager