



Relation between 1 <sup>st</sup> & 3 <sup>rd</sup> Applicant			
Details of dependency on 3 <sup>rd</sup> Applicant			
<u>Address Proof</u> (Document No./Date of Issue/ Issuing Authority)			
Proof of age (Doc. No., issue Date and Issuing Authority)			

(If Aadhaar Card/proof of enrolment of Aadhaar is not provided, any of the following documents can be accepted as valid documents for the purpose of identification and address proof):- 1. Passport 2. Driving license 3. Voter's ID card 4. Job card issued by Mangers signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address.

### **Specimen Signatures**

1..... 1..... 1.....  
2..... 2..... 2.....  
3..... 3..... 3.....

Name: ..... Name: ..... Name: .....

## **2. Declarations**

- 1) I/We hereby undertake to abide by the scheme provisions under Housing for the elderly scheme, applicable on the Scheme and amendments issued thereto from time to time.
  
- 2) I/We further declare that I/We is/are Resident citizen of India and undertake to inform the account office of any change in My/our residency/citizenship status in future.

\_\_\_\_\_  
Signature of 1<sup>st</sup> Applicant  
With Date

\_\_\_\_\_  
Signature of 2nd Applicant  
with Date

\_\_\_\_\_  
Signature of 3<sup>rd</sup> Applicant  
With Date

## Nomination

I/We.....hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in (Name of Scheme) at the time of my death would be payable.

Sl. No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominees (optional)	Date of birth of nominee
1				
2				
3				

As the nominee(s) at Serial No.(s)..... Specified above is/are minor(s), I/We 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/Our death during the minority of the nominee(s).

(In case, applicant(s) is/are illiterate)

1. Signature of witness ..... Name .....  
Address .....

2. Signature of witness ..... Name .....  
Address .....

Place:

Date:

\_\_\_\_\_  
Signature of Applicant(s)

**FOR OFFICE USE**

I have carefully examined this application and Identification as well as address proof documents submitted.

Opening of account is  
approved.

Account has been opened in the name of..... with Rs.....on (Date)  
under

Housing for the elderly scheme vide A/c No. .... dated .....

Nomination registration details: -

Date Stamp

Signature of Secretary

Designation stamp