FORM -11
(See Rule 15 of Government Savings Promotion Rules, 2018)
Application for settlement of an account of the deceased depositor by nominee or legal heirs under National Savings Scheme

To
The Postmaster/Manager

1. I/we __________________________ the nominee(s)/legal heirs of late __________________________________, the depositor to account No. ___________________________ under _______________________________ (Name of scheme), apply for withdrawal of entire amount standing to the credit of the deceased in the said account.

In support of the claim, I hereby submit the following documents :—

1. Death certificate of depositor/s.
2. Death certificate of Sh./Smt. ___________________________, also the nominee(s) appointed by the depositor(s). (***)
3. Succession certificate/letters of administration with attested copy of probated bill of the deceased depositor issued by ____________________ competent court. (**) 
4. Letter of Indemnity(*)
5. Affidavit(*)
6. Letter of disclaimer on affidavit(*)
7. Pass book/deposit receipt/statement of account

Signature/thumb impression of Claimant/s
Address ____________________________
(Thumb impression should be attested by a person known to the Accounts office).

Date …………………………..

(*) To be produced by legal heirs, in the absence of nomination for claims upto Rs. 5 lakh.
(**) Strike off if there is a valid nomination.
(***) Strike off if not applicable

For office use only
Withdrawal of Rs. ___________________________ (Rupees ___________________________ only) is sanctioned.

Signature of Postmaster/Manager
Date ___________________________________________________________________________________________

Acquittance
(to be filled by claimant/s)
Received Rs. ___________________________ (In figures) ___________________________ (in words) By cash/cheque/DD bearing no. ___________________________ dated ___________________________ by transfer to Account No. ___________________________ in full settlement of my/our claim.

Date ___________________________________________________________________________________________

Signature/thumb impression of claimant/s