FORM -12
(See Rule 11 of Government Savings Promotion Rules, 2018)
Letter of authority to open or operate an account under National Savings Schemes on behalf of depositor suffering from physical infirmity including blindness

To
The Postmaster/Manager
……..

Sir
I/we_____depositor of account number_____
under_____(Name of scheme) hereby authorize Sh./Smt./Ms._____w/o,s/o,d/o_____in whom I confide and whose photograph and signature are attested below to operate the said account for the following purposes.

1.

2.

3.

4.

Paste Photograph of Authorised person

Specimen signature of authorised person

1.

2.

3.

…… ……. …….
Signature of Witness Signature or thumb impression of Depositors
(Thumb impression should be attested by a person known to the Accounts office).

Name & Address:

Date