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.

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