

FORM - H

[See sub paragraph (3A) of paragraph 9] Application for continuance of account under Public Provident Fund Scheme, 1968 beyond 15 years

To, The Chief / Branch Manager State Bank of India

* My Public Provident Fund Account No _____ has completed 15 years

after the initial year of its commencement on ___/__/____

* My Public Provident Fund Account No _____ has completed 15 years and Extension of 5 Years on __/_/

*Strike which is not applicable.

I wish to continue to subscribe to my above referred account for a further block period of 5 years according to the limits prescribed in paragraph 3 of the Scheme.

Date	://20	Signature or thumb impression of
		(Subscriber/Guardian)

TO BE USED BY THE BRANCH OFFICE

The said PPF Account has been completed 15 years after the year of initial subscription and / or Extension on ___/__/20___. Subscriber's request has been noted and PPF A/c No ______ extended for 5 Years.

Date: ___/__/20____

Branch Manager / MOD