





Minor Declaration

Type of Guardian: ☐ Father ☐ Mother ☐ Court Appointed ☐ Testamentary Guardian

Full Name of Guardian Mr. ☐ Ms. ☐

I hereby declare that the date of birth of the minor who is my \_\_\_\_\_ is \_\_\_\_/\_\_\_\_/\_\_\_\_ and I am his/her natural and lawful guardian/ guardian appointed by court order, dated \_\_\_\_/\_\_\_\_/\_\_\_\_ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the Bank against the claim of the above minor for any withdrawal/transactions made by me in his/her account.

Signature of Guardian \_\_\_\_\_

Annexure III

Declaration from the guardian of the minor confirming that the account of the minor shall be operated for the benefit of the minor

To,  
Axis Bank Ltd.  
\_\_\_\_\_ Branch.

Date: \_\_\_\_\_

Dear Sir / Madam,

Ref: Proposed Savings / Recurring / Fixed / \_\_\_\_\_ in the name of my minor son / daughter Master / Miss  
\_\_\_\_\_ born on \_\_\_\_\_ to be opened with the undersigned as the father / mother / guardian

I do hereby give my consent to your opening Savings / \_\_\_\_\_ Deposit Account in the name of my minor son / daughter Master / Miss  
\_\_\_\_\_ to be operated upon by myself as the father / mother / guardian appointed by the Court of Law. All operations in the said account will be binding on me as the guardian of the above-named minor. I agree and undertake that I will operate the account as stated above, for the benefit of my minor son / daughter.

Yours faithfully

(Signature of the minor's father /  
mother / Court appointed guardian)

Place:

Date:

Declaration

- i. I \_\_\_\_\_ (name of parent / guardian) hereby apply for opening an account under 'Sukanya Samriddhi Account' scheme, \_\_\_\_\_ in the name of Kumari \_\_\_\_\_ of whom I am the guardian and tender herewith ₹ \_\_\_\_\_/- (₹ \_\_\_\_\_) in cash / Cheque / DD. No \_\_\_\_\_ date \_\_\_\_\_ as initial subscription.
- ii. I hereby undertake to abide by the provisions / rules of the 'Sukanya Samriddhi Account' mentioned overleaf and amendments issued thereto from time to time.
- iii. I hereby declare that I have not opened OR maintaining any other account under the same scheme in the name of \_\_\_\_\_ (Name of girl child) in any other Post Office or Bank.
- iv. I hereby declare that the facility is availed for \_\_\_\_\_ (1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> in case of twins minor child / children).
- v. I hereby declare that I am married/ unmarried (strike out whichever is applicable)

Details of other girl child:

- 1) Twin Child 1: \_\_\_\_\_ (Provide Sukanya Account already opened / customer id)
- 2) Twin Child 2: \_\_\_\_\_ (Provide Sukanya Account already opened / customer id)
- 3) Girl child other than Twin Child: \_\_\_\_\_ (Provide Sukanya Account already opened / customer id)

Nomination

I have understood the benefit of nomination ☐ I wish to nominate ☐ I do not wish to nominate\*\*

I, \_\_\_\_\_ 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 the Sukanya Samriddhi Scheme at the time of my death would be payable.

| Sr. No. | Names(s) of the Nominee(s) | Relationship | Full Address | Date of birth (DD/MM/YYYY) of Nominee in case of Minor | Proportionate Amount for each Nominee |
|---------|----------------------------|--------------|--------------|--------------------------------------------------------|---------------------------------------|
|         |                            |              |              |                                                        |                                       |
|         |                            |              |              |                                                        |                                       |
|         |                            |              |              |                                                        |                                       |

As the nominees(s) specified above is/are minor, I appoint the following as guardian(s):

| Sr. No. | Name of the Minor Nominee | Name of the Guardian | Guardian Relationship with Minor | Guardian Full Address |
|---------|---------------------------|----------------------|----------------------------------|-----------------------|
|         |                           |                      |                                  |                       |
|         |                           |                      |                                  |                       |
|         |                           |                      |                                  |                       |

to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

Signature of witness \_\_\_\_\_ Name and address: \_\_\_\_\_

Signature of witness \_\_\_\_\_ Name and address: \_\_\_\_\_

Signature or thumb impression of subscriber/guardian

Date

\*In case of thumb impression, nomination to be filled in as an annexure \*Same ink should be used to fill the nomination section and for signature  
\*\*I hereby decline to presently nominate any individual and I understand & acknowledge the risk & consequences associated with nomination not given by me

ACCOUNT IN THE NAME OF SELF/MINOR (S)

| Sr. No. | Description | Name and address of the Bank/Post office and account no. |
|---------|-------------|----------------------------------------------------------|
|         |             |                                                          |
|         |             |                                                          |

vi. I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is ₹1, 50,000/- in a financial year at present in each of the following types of Public Provident Fund Account, Individual Self Account and Account(s) on behalf of minor(s) of whom I am the guardian. In case, at any time the said declaration is found untrue/false, no interest shall be payable to me/the subscriber on the amount of deposit found in excess of the prescribed limit

Photo of Guardian

35mm X 35mm

Signature or thumb impression of subscriber/guardian

Signature of Bank Official in whose presence signed

EMP No.

Dated

For Office Use Only

A/C No.

BDE/Lead Generator Code

Signature

A/C Report Code

A/C Label1

Ledger No.

A/C Label2

BDE/Lead Convertor Code

Signature

Camp. Code

A/C Manager/CSTM

Camp. Reference Number

DECLARATION BY THE BRANCH  
I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please be set up in Finacle. Incase of signature mismatch, I certify that the customer has been personally met and has signed in my presence. Kindly process the request.

Branch Head / Authorized Signatory

Name of Official:

Designation:

S. S. Number:

\*Salient Features of Sukanya Samriddhi Account

- Account can be opened in the name of a girl child till she attains the age of 10 years.
- Only one account can be opened in the name of a girl child.
- Natural or legal guardian of a girl child shall be allowed to open the account for two girl children only. Provided that the natural or legal guardian of the girl child shall be allowed to open 3<sup>rd</sup> account in the event of birth of twin girls as second birth or if the first birth itself results into three girl children, on production of a certificate to this effect from competent medical authorities where the birth of such twin or triple girl children takes place.
- Minimum deposit amount for this account is ₹250/- per Financial Year and subsequent deposit should be in multiples of ₹50/- (subject to change as per Ministry notification)
- Maximum is ₹1,50,000/- per Financial Year (subject to change as per Ministry notification).
- If minimum ₹250/- is not deposited in a financial year, account will become irregular and can be revived with a penalty of ₹50/- per year with minimum amount required for deposit for that year.
- Interest rate as may be notified by the Government from time to time will be calculated on yearly compounded basis and credited to the account.
- One withdrawal shall be allowed on girl child attaining the age of 18 years to meet education/marriage expenses at the rate of 50% of the balance at the credit of preceding financial year.
- The account can be transferred anywhere in India from one post office/Bank to another.
- The account shall mature on completion of 21 years from the date of opening of account. However, where the marriage of the account holder (girl) takes place before completion of such period of 21 years, the operation of the account shall not be permitted beyond the date of her marriage subject to the condition that the girl is not less than 18 years of age.

\*The above features / guidelines are subject to changes by Ministry of Finance

Acknowledgement (to be filled by Branch )

Application form acknowledgment

I have received Application no. from

for opening a SSS account with Axis Bank Branch

Name of Bank Official

Mobile no.

Signature