

PAKISTAN POST OFFICE
(See Rule 414, Post Office Manual Volume VI)
SAVING BANK INDEX CARD
(Entries to be filled up in English or Urdu by the depositor)

Specimen (1)..... For Office
Signatures (2)..... Where S.B.
Of Account
Depositor (3)..... Stands Open

I/We desire to open _____ Account with a sum of Rs. _____ Cash/Cheque
No. _____ Date _____

1. Name of Depositor _____ کھاتہ دار کا نام

N.I. Card

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Address _____ قومی پستی کارڈ نمبر

Joint Account

If account is in two joint names ہاں ، نہیں ہے اگر حساب دو مشترک ناموں سے کھلا گیا ہے

Joint A: Payable to holder jointly or ہاں نہیں رقم دونوں مشترک کارڈ کی جائے

Joint B: Payable to either ہاں نہیں رقم کسی ایک کارڈ کی جائے

(Strike out whichever is not applicable) کھاتہ دار کا نام

2. Name of Depositor _____

N.I. Card

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Address _____ قومی پستی کارڈ نمبر

3. Introduced by: - تعارف کنندہ

Name of Depositor _____

N.I. Card

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Address _____ قومی پستی کارڈ نمبر

Occupation پیشہ
Address
پتہ
Account No. (نمبر حساب)



Signature

Branch/Sub/
Asstt. Postmaster
With name in capitals
.....

I hereby declare that the Post Office Savings Bank Rules have been read by me/to me that I accept them as binding upon me I acknowledge the receipt of a Pass Book. I also declare that no other account of the same category is opened by me in any SO, BO, HO.

Note 1: The last sentence of the declaration should be scored out of the pass book is not supplied immediately after opening the

Note 2: The declaration should be torn off and pasted in the specimen signature boom

Nominee(s) Name and Address وارث اور ثنا کے نام اور پتہ	Relationship رشتہ	Share حصہ

FOR MINORS نابالغوں کیلئے

"DECLARATION"

Date of Birth 1: _____ تاریخ پیدائش

I/We am/are follower(s) of the fiqh.....and

2: _____

(i) an attested copy of my/our declaration in Form CZ-50, Annexed to the Zakat (Collection and Refund) Rules, 1981 duly executed, is enclosed with the application.

During minority account will be operated by بچے کے ہاتھ ہونے تک درج ذیل شخص رقم نکال سکتا ہے

Name

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نام

Hence Zakat may not be deducted on compulsory basis in respect of this

Address _____ قومی پستی کارڈ نمبر

Relation with minor _____ رشتہ

We hereby/agree to abide by PPO SB A/Cs Rules
میں اہم پوسٹ آفس سیوٹنگ بینک اکاؤنٹ کے قواعد کے پابند ہوں گا/ہیں گے۔

(Signature of thumb impression of depositor)

Signature(s) or thumb impression(s) of depositor(s)
حساب دار کا/ حساب داروں کے دستخط یا نشان لگوانا

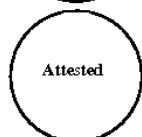


Branch/Sub/Postmaster
With name in capitals

.....
(Signature of Depositor)

SIGNATURE & STAMP OF POSTMASTER

Account No.
For S.O. when the account stands at a branch office in account with the sub office.



Branch/Sub/Postmaster
With name in capitals

.....
(Signature of Depositor)

Account No.
For S.O. when the account stands at a branch office in account with the sub office.