

FORM P.P.F. A – 3

APPLICATION FOR PPF AGENCY

IMPORTANT NOTE:- It is essential that every question in the application form is fully and/properly answered, insufficient or incorrect answers may result in delay in disposal of application.

**To,
The Director,
Small Savings & Lotteries
Govt. of Goa.
Serra Building, Nr. All India Radio,
Altinho, Panaji, Goa.**

**Sub: Small Savings for and on behalf of the president of
India.**

Dear Sir,

I here by apply for the agency to canvas for and introduce accounts under the Public Provident scheme,1968. I give here under particulars regarding myself which are true to the best of my knowledge and belief. I have read term and conditions of agency for canvassing Public provident fund and I agree to abide by the same and such other conditions as may be imposed by you in this connection.

Yours faithfully,

**Signature of the applicant
Name.
Address.
State.**

1. Name (in Block Letters)

(i) In Full:

(ii) Signature/Assigned:

2. Nationality:-

3. Address (in Block Letter):-

(i) Residential:

(ii) Office:

(iii) Permanent address:

(Tick the address on which the Appointing Authority should correspond)

Note : Please state whether you are an employee or near relative of an employee of the National Savings Organisation of the Government of India. If yes you will not given agency under the scheme.

4. Date of Birth:

5. Education qualification:

6. (a) Present occupation:

(b) If in employment, full name and address of the employee and nature of employment:

© If in business, details thereof:

(d) Approximate monthly income:

(e) have you ever been adjudication insolvent or applied for insolvency or compounded with creditors ? Give full particulars:

7. Experience in canvassing for business or personal connections or another social factors which you count upon for success in agency work of the P.P.F.

8. Full particulars of Father/Husband (if Alive):

(I) Name :

(ii) Occupation:

(III) Residential address:

9. if already an agent of the Small Savings Scheme, give details:

Certificate of Authority No. of SAS Agency	Particulars of appointment	Area for which the CA is Valid	P.O. to which attached for drawing commission	Address of D.S.O. at your permanent place of residence	Collection secured through your agency in Saving Certificate in each of last 2 years
1	2	3	4	5	6

10. Please give names and full address of the person to whom references regarding your character can be made, if necessary. Chose from the followings not more then one from each group.

1. (a) Judge, Magistrate or Honorary Magistrate.

(b) A Gazette Officer.

© An officer of Reserve Bank of India or an affiliated institution.

2. (a) An officer of Schedule Bank.

(b) Principal of secondary School or College affiliated to a University.

© A Chartered Accountant.

Note :- Reference should be strictly from the foregoing groups, failing which application will be considered. The reference are not necessary if you are currently functioning as an authorized Agent of the Small Savings Scheme.

S.No.	Name	Designation	Address
1			
2			
3			

Dated:

Signature of the applicant