Form D

[See rule 12(3)]

Form of application for cancellation or variation of nomination.

(This form shall be filled in by the holder(s) and submitted with the Certificates to the Post Master/Bank Officer of the office where the Certificates stand registered.)

To,
The Post Master/Branch Manager,

..............................................................

I/We ......................................................... the holder(s) of Kisan Vikas Patra detailed below hereby cancel the nomination previously made by me/us in respect of these Certificates and registered in your office under No. .......................................................... Dated ..................................................

*In place of the cancelled nomination, I/We hereby nominate the person(s) mentioned below, who shall on my/our death, become entitled to the savings Certificates and be paid the sum due thereon to the exclusion of all other persons.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the nominee(s)</th>
<th>Full address</th>
<th>Date of birth of nominee in case of minor</th>
</tr>
</thead>
</table>

*To be filled in case of variation only

2. As the nominee(s) at the serial number(s) .......................................................... above is/are minor(s), I/We appoint Shri/Smt/Kumari .................................................. (name and full address) as the person to receive the sum due thereon in the event of my/our death during the minority of the nominee(s).

3. The Certificates detailed below are enclosed.

<table>
<thead>
<tr>
<th>Sl. No. of Certificates</th>
<th>Denomination</th>
<th>Date of issue</th>
<th>Office of issue</th>
</tr>
</thead>
</table>

Address

..........................................................

..........................................................

Signature or thumb impression

(if illiterate) of holder(s)

Witnesses:

1. Name ........................................... Address ...........................................

2. Name ........................................... Address ...........................................

Note: In the case of illiterate holders, the witnesses shall be persons whose signatures are known to the Post Office/Bank.

Order of the Post Master/Bank Officer accepting the nomination.

Date stamp of Post Office/ Bank Seal

Signature of Post Master/Bank Officer

[F. No. 2/4/2014-NS-II]

Dr. RAJAT BHARGAVA, Jt. Secy.