

Application form for renewal of MPKBY Agency

To

The Sr. Accounts Officer, Directorate of Small Savings & Lotteries
5th Floor, N-Block, Vikas Bhawan, ITO, New Delhi-110002

Sub:- Request for renewal of MPKBY Agency No. SS/MBA/_____

Sir,

Please renew my MPKBY agency for the next 3 years. My particulars are as under :-

1.	Agent's Name (in Block Letters)		
2.	Date of Birth		Place of Birth :
3.	Educational Qualification		
4.	Spouse name		
5.	Father's name		
6.	Mother's Name		
7.	Present Address Since		
8.	Permanent Address		
9.	Criminal History (Yes/ No)		
10.	Category (SC/ST/ General)		
11.	Validity of MPKBY Agency	From	to
12.	Police Station		District

13. My total Annual Turnover during the last 03 years under MPKBY Agency is as under:-

Financial Year	Nos. of Accounts maintained	Annual Turnover	Commission Earned
20 - 20			
20 - 20			
20 - 20			

I hereby affirm and declare that the information given above and in the enclosed documents is true and correct to the best of my knowledge and belief and nothing material has been concealed therein. I am well aware that concealment of facts and giving false information is punishable offence and in case I am guilty of giving false information or concealment of facts therein, I will be liable to be punished with imprisonment and /or fine as per the relevant provisions of law. I also undertake that the benefits availed by me by furnishing such false information or concealment of the facts shall be liable to be summarily withdrawn. Further, I hereby undertake to abide by all the rules & regulations and terms & conditions in force and as may be amended from time to time.

Enclosures:-

1. Application Form ASLAAS-I(B) duly filled.
2. Declaration by the agent on Affidavit (Rs. 10/-)
3. Nomination Form of the agent
4. Conduct Certificates from Two Gazetted Officers
5. Copy of Address Proof (i.e. voter I.D./ Passport, Ration/AADHAR Card) : **Self attested (Original to be shown at the time of submission of application)**
6. Original Certificate of Authority & one photocopy (self attested)
7. Three (03) ticket size recent photographs.

Mobile No. _____

Signature of Agent _____

Name _____

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
(SMALL SAVING & LOTTERIES)
5th. Floor, N-Block, Vikas Bhawan, I.P. Estate, New Delhi**

**APPLICATION FORM FOR AN INDIVIDUAL FOR APPOINTMENT AS AN AUTHORISED AGENT
UNDER MAHILA PRADHAN KSHETRIYA BACHAT YOJNA**

To,

The Joint Director
Small Savings & Lotteries
Govt. of N.C.T. of Delhi.

Sub: Application for appointment as an Authorised Agent (MPKBY)

Sir,

I request that I may be appointed as an Authorised Agent under the Mahila Pradhan Kshetriya Bachat Yojna for canvassing and securing deposit in 10-Year Post Office Cumulative Time/5-Year Recurring Deposit Accounts on a commission (at such rate as may be notified by the Govt. of India from time to time) in the area (Municipal House No./Plot No.....to.....which consists offamilies).

2. I agree to abide by all the rules and regulations regarding the appointment of authorised agent in force and as may be amended from time to time.
3. I shall provide a security of Rs. 2000/- (Rupees Two Thousand Only) in the shape of 6-Year National Savings Certificate duly pledged in favour of the President of India.
4. The agreement (Form ASLAAS-3) will be executed by me immediately on hearing from you about the approval of my appointment as an authorised agent.
5. I enclose herewith, in triplicate, my specimen signature.

Yours faithfully

.....
Name and full address of the applicant

Place

Date.....

AGREEMENT

ARTICLES OF AGREEMENT made at this day of..... Two thousandbetween the President of India hereinafter called the "Government" of the one part and..... (name and full address of the Individual/Institution or Organisation hereinafter called the Agent/Agent-Organisation) which expression shall be deemed to include her/its successors wherever the context admits or requires of the other part.

WHEREAS with a view to expending the Small Savings Scheme the Government are desirous of appointing Organisations or institutions, individual Women of the area concerned as authorized agents under the "Mahila Pradhan Kshetriya Bachat Yojna" for canvassing and securing investments in P.O. Cumulative Time Deposit/Recurring Deposit Accounts.

AND WHEREAS the Agent/Agent-Organisation has agreed to act as such authorized agent on the terms and conditions hereinafter appearing.

AND WHEREAS it is one of such terms and conditions that the Agent/Agent-Organisation should as security for due fulfillment, of the said contract furnish to the Appointing Authority a Savings Certificate (issued under the Government Savings Certificate Act, 1959) for Rs. 2000 (Rs. Two thousand only) duly pledged to the President of India.

NOW IT IS HEREBY AGREED by and between the parties hereto as follows :-

1. The Agent/Agent-Organisation Shall-

- (i) Canvass for and secure deposits in 10-year C.T.D. and 5 year Recurring Deposit Accounts in POSB in accordance with the rules governing, the two aforesaid deposit account. The Agent-Organisation shall work the agency through not more than six/three workers (thereinafter referred to as "Authorised Workers").
- (ii) make necessary entry for any amount received from the depositors under this scheme, in the printed card (No. ASLAAS-5) form prescribed by the Government of India and supplied to her/it.
- (iii) deposit the monies so received in the Post Office to which the Agent/authorized worker is attached for making deposits under the scheme, within 5 (five) days of receipts of the monies but not later than the end of the month and pending such deposits to hold the monies in trust for and on behalf of the Government of India.
- (IV) receive from the deposit accepting Post Office the Pass Book(s) covering each and every deposit made by the Agent/authorized worker and deliver the same Pass Book(s) to the depositor(s) within 10 days of receiving it from the Post Office.
- (V) obtain from the depositor(s) his/her acquaintance with signature and date in the appropriate column of the card in token of having received the Pass Book(s).
- (VI) notify immediately to the "Appointing Authority", the District Savings Officer of the area and the local police of the area the loss of cards/certificate of Authority if such loss takes place while the documents are in the custody of the agent/authorised worker and to publish the loss as a public notice in at least one local newspaper at her/its cost.
- (VII) follow all directions and instructions as may be issued to her/it from time to time by the Government of India or by persons duly authorised by the Government.

- (VIII) be entitled to commission only on deposits made during the period of this agreement in the following types of accounts, namely.
 - (a) account opened by her/it under this agreement Mahila Pradhan Kshertiya Bachat Yojna, and.
 - (b) accounts transferred by the “appointing authority” to her/it from another Agent/Agent Organisation who has opened such accounts and is not in a position to discharge her/its responsibilities in terms of her/its agreement in respect of such accounts.
 - (IX) not be entitled to claim any commission on the deposits received in respect of any other account not opened by her/it, and.
 - (X) not assign or otherwise transfer the benefit of this agency or any part thereof to a third party.
2. The Agent/Agent-Organisation shall be entitled to receive a commission (at such rate as may be notified by the Government of India from time to time) on total investments received and completed according to the aforesaid terms and conditions in the P.O. Cumulative Time Deposit Accounts and P.O. Recurring Deposit Accounts from the depositor(s) residing in the area for which she/it is authorized. The commission shall be payable to her/it by the “Paying Authority” on submission of commission claim in the prescribed manner. The Agent/Agent-Organisation shall not be entitled to any other commission, remuneration or payment whatsoever for the work done under the presents except the commission as aforesaid notwithstanding any expenses she/it may incur for the purpose.
 3. Subject to the provision for earlier termination hereinafter contained the period of the agency shall be three years commencing from the date of this agreement, and thereafter the agency may, on an application being made in this behalf by the agent, be renewed at the option of the Government for further periods not exceeding three years at a time.
 4. The agency would be liable to be terminated by the “Appointing Authority” without notice, if the work or conduct of the Agent/Agent-Organisation is adversely commented upon by the supervising authorities or if she/it, in the opinion of the “Appointing Authority” which shall be final and binding, is found guilty of breach of any provision of this Agreement, or if she/it becomes insolvent, or runs into liquidation or it is discovered that a part or the whole of the business was secured by her/it with the help or connivance of an official of the Posts and Telegraph “Department or National savings Organisation; the commission earned on such business would also be liable to forfeiture and if the commission on such business has already been paid, the Agent/Agent-Organisation must refund it to the Government, failing which the Government shall have the right to recover the amount of such commission paid, from the Agent/Agent Organisation as an arrears of land revenue.
 5. Notwithstanding anything contained in paragraphs 3 and 4, this Agreement may be terminated by either party by giving three months notice to the other; provided, however, that the “Appointing Authority” shall be at liberty to terminate the agency at any time without notice and without assigning any reasons for the same.
 6. On termination of this Agreement, however occasioned, or as and when called for by the “Appointing Authority” the Agent/Agent-Organisation shall be responsible for the return to the “Appointing Authority” of all the documents and papers concerning the agency. The Agent/Agent-Organisation shall indemnify the Government of India against any or all losses or claims that may arise on account of any default of the Agent/Agent-Organisation or its authorized worker(s).

7. The terms "Appointing Authority" and "Supervising Authorities" used in this agreement shall be the authorities as specified in Mahila Pradhan Kshetriya Bachat Yojna issued by National Savings Organisation and Executive instructions issued there under.
8. In the event of the death of the agent, the amount due and payable to her as commission in terms of this agreement, shall be payable to her nominee(s) specified by her in Schedule 'A' hereunder written.
9. The stamp duty on this Agreement will be paid by the Government.

IN WITNESS WHEREOF THE President has caused the
 (Designation of the Appointing Authority)

to set his hand and has/have set his/her/their
 hand on behalf of (The name of the Agent-leader/Agent-
 Organisation) on the day, month and year first hereinabove written.

Signed and delivered by the Applicant.

.....on behalf of
 (The name of the Agent-
 leader/Agent-Organisation) in the presence of (Signature and address of Witness)

1

2

Signed and delivered by the (Name and Designation of the Appointing Authority)

.....

On behalf of the President of India in the presence of (Signature and address of Witness)

1.

2.

On behalf of the President of India in the presence of

(Signature and address of witness)

.....

.....

CONDUCT CERTIFICATE

Certified that Shri/Smt./Ms
S/o,W/o,D/o.....R/o.....
..... is personally known to me for the
last.....years (not less than 2 years) and to be of my knowledge and belief
he/she is a person of integrity and good conduct. He/She is not related to me.

Place..... Signature

Date..... Name

Address

Seal

CONDUCT CERTIFICATE

Certified that Shri/Smt./Ms
S/o,W/o,D/o.....R/o.....
..... is personally known to me for the last.....years
(not less than 2 years) and to be of my knowledge and belief he/she is a person of
integrity and good conduct. He/She is not related to me.

Place..... Signature

Date..... Name

Address

Seal

NOMINATION FORM

I,the agent under this Agreement hereby nominate the person(s) mentioned below, who shall, on my death, become entitled to any amount due and payable to me by way of commission in terms of this Agreement, to the exclusion of all other persons.

Sr. No.	Name of the nominee(s)	Relation	Full Address	Age (Date of birth in Case of minor)
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As the nominee(s) at Serial No.(s) above is/are minor..... I appoint the following persons to received the aforesaid amount.

Name

Witness :

1.

Signature of Agent

Name

Address

C/A No. of the Agent

2.

In the event of the death of the Agent, the amount due and payable to her as commission in terms of this agreement, shall be payable to him/her nominee(s) specified by him/her in Schedule 'A' hereunder written.

Signature of Agent.....

Name in Block Letters.....

Dated.....

DECLARATION

TO BE FURNISHED BY THE APPLICANT FOR APPOINTMENT AS SAS/MPKBY/ PPF AGENT

I W/o, S/o & D/o

R/o solemnly affirms as under:-

1. That my date of birth is
2. That I am not an employee of the State Govt./Central Govt. and Union Territory and undertake to inform the appointing authority and give up the agency whenever I enter such employment.
3. That none of my near relative is working in the P & T Department in a non-gazetted capacity in the same Division where the agency falls.
4. That none of my near relative is working in the P & T Department in a non-gazetted capacity in the same State or Union Territory where the agency falls.
5. That none of my near relative is working in National Savings Organisation in the same State or Union Territory where the agency falls.
6. That none of my near relative is working in the P & T Department of the National Savings Organization in a Gazetted capacity anywhere in India.
7. That I would apply for renewal of my agency 60 days in advance from date of expiry of validity.
8. That whenever I shall shift/change my residence I will inform the appointing authority within 15 days.
9. That during the last financial year i.e. _____, I had mobilized the business of Rs. _____
10. That I would procure business myself.
11. That I would not sit in the post office. If I am found without any business in the Post Office, my agency may be terminated.
12. I further declare that none of my near relatives i.e. my wife / husband / legitimate child or step child/ my father/ step father/ mother / step mother, brother / step brother, sister / step sister, father in law, mother in law, brother in law, sister-in-law, son in law or daughter in law is employed under the Central or State/ Union Territory Government (& in Nationalised Banks in case of PPF only).
13. I give below the particulars of my near relatives i.e. my wife, husband, legitimate child or step child, my father/ step father/ mother / step mother, brother / step brother, sister / step sister, father in law, mother in law, brother in law, sister-in-law, son in law or daughter in law who are employed under the Central or State/ Union Territory Government (& in Nationalised Banks in case of PPF only).

Sr. No.	Name of relative	Age	Relationship with the applicant	Name & address of office where employees
1				
2				
3				

I attached the communication (s) in original from the Head (s) of office/ Department where the above mentioned person (s) is/ are employed to the effect that there is no objection to my being appointed as agent under the SAS/MPKBY/PPF Agency.

DEPONENT

I verify that the affirmations made by me as above are correct to the best of my knowledge and belief and that no material facts have been concealed by me.

DEPONENT

Signed in my presence :-

Witness (s)

- 1.
- 2.