

**(Application for renewal of the agency of MPKBY)
(For individual Agents)**

To.

The _____ (Appointing Authority)

(Through proper channel).

Sir,

I hereby apply for renewal of my Agency of Manila Pradhan Kshetriya Bachat Yojana for a further period of three years for the canvassing of P.O. 5-Year Recurring Deposit Scheme. My details to the best of my knowledge and belief are given as under.

I am enclosing herewith my Certificate of Authority No. _____ dated _____ in original.

1. Name of Agent : _____
2. Complete Address : _____
3. Certificate Authority No. & Date : _____
4. Valid upto : _____

5. I am furnishing herewith the details of business done and commission earned during the last three years in respect of P.O. 5-Years Recurring Deposits.

Year	No. of Accounts Opened	Total Colls.	Commission Earned

6. In the event of my appointment being approved, I shall execute fresh agreement, in form ASLAAS-3.
7. I have already furnished security in cash/in the shape of Government Security to the issue price of Rs. _____ which will continue as security deposit in the event of renewal of my agency.
8. I agree to abide by all the rules, regulation instructions etc. regarding the appointment of authorized agents at present in force and as may be amended from time to time under the above said Agency System.
9. The information given above is true and correct to the best of my knowledge and belief.

Yours faithfully,

Date _____

Signature and complete address of agent

NOTE : The agent will attached Declaration Form, Conduct Certificates from two persons and agreement in form (ASLAAS-3) duly completed with this application.

(For use of the District Savings Officer, National Savings)

Application of Smt./Mrs. _____ received in this office for renewal of agency is forwarded to the _____ (Appointing Authority) with recommendations as under :-

District Savings Office
National Savings _____(Place)

Date : _____

(For the use of Appointing Authority)

Application as recommended by the District Savings Officer, National Savings _____ is approved/not approved.

Signature :

Designation of Appointing Authority

Date : _____
Place : _____