

**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
DIRECTORATE OF SMALL SAVINGS & LOTTERIES  
GOVT. OF NCT OF DELHI  
PHONE NO. 23378598**

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**AUTHORISED AGENTS (PUBLIC PROVIDENT FUND) SCHEME- TERMS  
AND CONDITIONS GOVERNING AGENCY**

**I General**

1. Agents are appointed under the Authorized Agents (Public Provident Fund) Scheme to canvass deposits into the Public Provident Fund Scheme, 1968.

2. As per Notification in the Gazette of India: Extraordinary: Part 1, Section 1, No. 247, New Delhi, Monday November 28, 2011, **the payment of commission on PPF Scheme has been discontinued with effect from 1<sup>st</sup> December, 2011.**

3. Persons desirous of taking up an agency may obtain an application form, from the office of the Joint Director, Small Savings, of State. The application form should be properly filled in neatly and legibly. The form complete in all respects should be sent to the Joint Director, Small Savings, Govt. of N.C.T. of Delhi.

The applicant shall be responsible for the veracity of statements made in the application form.

4. On acceptance of an application, the applicant will be informed of the result and asked to convey acceptance of the terms and conditions governing the offer of agency.

5. The agency of an authorized agent will commence from the date of appointment and shall be valid for the period of maximum three years from that date. For renewal of agency, the agent shall make a fresh application in the prescribed form sufficiently in advance of the expiry of the term of agency i.e. 60 days prior to the date of expiry of the agency failing which, a penalty @ Rs. 20/- per day for delay upto the last date of validity of the Certificate of Authority and @ Rs. 50/- per day for further delay shall be charged. The renewal applications filed after one month of last date of

validity shall be rejected and the agency shall be terminated. Such a renewal, if agreed to, shall be for a period not exceeding three years.

## **II Function of an Agent**

1. An agent shall at all times take sustained interest in the promotion of P.P.F. Scheme and shall conduct himself with propriety and decorum and in a manner not prejudicial to the interests of the Government. He shall carry out such directions and instructions as may, from time to time, be issued to him by or on behalf of appointing authority for the purpose of fully and effectively carrying out the terms of agency.

2. An agent shall protect and keep harmless and indemnified the Governments against any loss, claim, cost, charges, expense whatsoever which the Government may have to incur on a result of the agent not conforming to the instructions contained herein or which may be issued to him from time to time.

3. An agent shall advise a subscriber to lodge his application together with the relative amounts with a deposit office i.e. Post Office, any branch of the State Bank of India or of its subsidiaries or in other authorized Banks to deposit the same.

(a) He/she shall tender at least 30 applications each pertaining to a different subscriber during the tenure of his/her agency (during 3 years).

(b) An agent shall in no case handle moneys of the subscribers.

4. An agent shall inscribe or impress by means of a rubber stamp at the top centre of the application form (for opening P.P.F. accounts) his/her name and the number of his/her certificate of authority.

5. The commission accruing to the agent shall be paid to him by the Post Office/ Bank at source.

No claim to commission shall be entertained by the paying authority unless the application for opening public provident fund account canvassed by an agent has been made in the prescribed form bearing:- (i) the name of the agent and (ii) number of the certificate of authority of the agent and is certified as such by the deposit accepting officer.

6. No payment, in addition to the commission at the prescribed rates, is permissible for any charges or expenses incurred by an agent in connection with the agency.

7. An agent shall submit to the appointing authority six weeks before the expiry of each agency year, a report of his performance during the year and if he feels, that his performance is not satisfactory he may give valid reasons, if any, therefore.

### **III Termination of Agency**

The agency is liable to be terminated after giving one month's notice, if the performance of an agent is, in the opinion of the Appointing Authority, not satisfactory. Other grounds on which the appointment of an agent is also liable to be terminated are:-

(a) if he is found to be a minor, or

(b) if he is adjudicated insolvent; or

(c) if he is declared of unsound mind by a court of competent jurisdiction; or

(d) if he is or has been within five years immediately preceding his appointment, convicted by criminal court for an offence involving moral turpitude; or

(e) if in the course of any judicial proceedings it is found that he has knowingly participated in or connived at any fraud, dishonesty or misrepresentation; or

(f) If the appointing authority is satisfied that any statement made in the agency application form was false or misleading.

2. The provisions in this paragraph shall be without prejudice to the provisions in the next succeeding paragraph.

3. An agent may also terminate the agency at any time by giving one month's notice to Appointing Authority.

4. In addition to what is stated in the preceding paragraph, the Appointing Authority shall have right to terminate the appointment of an agent at any time by giving him/her one month's notice and without assigning any reason therefore.

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

Revised Form P.P.F. A-2

Old Form (P.P.F.) A-3

**APPLICATION FOR PPF AGENCY/RENEWAL OF THE PPF AGENCY**

To

The Joint Director,  
Small Savings & Lotteries  
Govt. of NCT of Delhi

**Sub:- Request for renewal of PPF Agency No:-**

Sir,

I hereby apply for the renewal of agency under the Public Provident Fund Scheme, 1968. My particulars which are true to the best of my knowledge and belief are enclosed herewith. I have read the terms and conditions of agency for canvassing Public Provident Fund and agree to abide by the same and such other conditions as may be amended from time to time by the Government.

Date :

Yours faithfully,

Place :

Signature

.....

District

.....

State

.....

(i) Full name Shri/Smt./Kumari.....

(ii) Assigned.....

2. Nationality.....

3. Address (in Block Letters).....

(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 a near relative of an employee of the National Savings Organization of the Government of India, if you are, you will not be 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 employee and nature of employment

(c) If in business, details there of

(d) Approximate monthly income

(e) Have you ever been adjudicated

.....  
insolvent or applied  
for insolvency or

- compounded with  
creditors? Give  
full particulars.
7. Experience in canvassing work, business  
.....  
or personal connections or any other special  
factor which you count upon for success in  
agency work of the P.P.F.
8. Full particulars of Father/Husband (if alive)  
.....

Name

.....

Occupation

.....

Residential

Address

.....

Office

Address

.....

9. If already an agent of the Small Savings, give details:-

Certificate of Authority Number	Particulars of Appointment	Area for which the C.A. is valid	P.O. to which attached for drawing Commission	Address of the District Savings Officer at your permanent place of residence	Collections Secured through your Agency in Savings Certificates in of the last 3

					years
1.	2.	3.	4.	5.	6.

Designation of the Appointment Authority .....

Date/ Month/Year...../...../.....

10. Please give names and full address of two persons to whom references regarding your character can be made, if necessary, choose from the following groups only: not more than one from each group-

- (i) Judge, Magistrate or Honorary Magistrate.
- (ii) A Gazetted Officer
- (iii) An officer of Reserve Bank of India or an Affiliated any Institution
- (iv) An Officer of a Scheduled Bank
- (v) Principal of a Secondary School or a College affiliated to University
- (vi) A Chartered Account

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

Name	Designation	Address
1		
.....		
.....		
2		
.....		
.....		

Date  
applicant)

(Signature of the

### **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 the best of  
my knowledge and belief he/she is a person of integrity and good conduct.  
He/She is not related to me.

Signature.....

Place.....

Name.....

.....

Date.....

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 the best of  
my knowledge and belief he/she is a person of integrity and good conduct.  
He/She is not related to me.

Signature.....

Place.....

Name.....

.....



Date.....

.....

.....

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)	

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As the nominee(s) at Serial No.(s) above is/are minor ..... I Appoint the following persons to received the aforesaid amount.

Name.....

Witness :

Signature of  
Agent..... Name, Address of and  
C/A No. of the Agent

1.

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 affirm 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 State or Union Territory or Division where the agency falls.
4. That none of my near relative is working National Savings Organisation in the same State or Union Territory of the agency falls.
5. That none of my near relative is working in the P & T Department of the National Savings Organisation in a Gazetted capacity any where in India.
6. That I would apply for my renewal of agency in 60 days in advance from date of expiry of validity.
7. That whenever I shall shift/change my residence I will inform the appointing authority within 15 days.
8. That I would procure business my self.
9. 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.
10. That during the last financial year \_\_\_\_\_ , I had mobilized business of Rs.\_\_\_\_\_
11. 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 Nationalized Bank in case of PPF only).

**OR**

12. 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 Nationalized Banks in case of PPF only).

13. That there is no complaint/enquiry/dues pending/contemplated against me in any any of the post office/investor, on the date of filing this affidavit.

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

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I hereby enclose the communication(s) , in original, from the Head of office(s)/Department(s) 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 affirmation made by me as above is correct to the best of my knowledge and belief and that no material facts have been concealed by me.

DEPONENT

Signature in my presence :-

WITNESS (S)

1.

2.