

To,

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

Sub:- Request for surrender of MPKBY/SAS Agency Code No. SS/.....

Sir,

Please surrender my above mentioned agency with immediate effect. My particulars are as under:-

1.	Agent's Name (in Block letters)	
2.	W/o, D/o, S/o	
3.	Date of Birth	
3.	Present Address	
4.	MPKBY/SAS agency code No.	
5.	Date of Issue	
6.	Date of expiry	
7.	Date from which surrender is required	
8.	Commission earned and received upto the date	
9.	Reason for surrender	

Further, I also certify that there is no complaint(s) on any account pending against me.

List of Enclosures:-

1. Original Certificate of Authority.
2. Original Death Certificate (in case of death).
3. No dues certificate from P.O. (in the case of SAS agency)

Signature of Applicant _____

Name of Applicant _____

Dated:- _____

Mobile No. _____

Place : _____

INDEMNITY BOND (for MPKBY Agency)

This indemnity bond is executed on this ___ day of _____ by Smt./Sh. _____ S/o Sh. _____ R/o _____ (Indemnifier) in favour of Director, Small Savings & Lotteries, Govt. of NCT of Delhi which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns.

The indemnifier/ I was the Mahila Pradhan Kshetriya Bachat Yojna (MPKBY) agent under agency code No. SS/MBA/____ valid from _____ to _____ and have applied for surrender of MPKBY agency code No. SS/MBA/____ and made request to refund the security.

Now therefore, in consideration of Para 6 of MPKBY agency agreement (ASLAAS-3), the indemnifier hereby irrevocably agree to indemnify that in the event of any loss or claims that may arise on account of default of indemnifier, at any stage, the indemnifier shall, at all times save, defend and keep harmless and indemnify the Government and in case of default the Govt. may recover the amount from the indemnifier in the same manner as arrears of land revenue.

DEPONENT

I _____ (indemnifier) confirm that the affirmations made by me 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

1. Name & Address

2. Name & Address

Signature _____

Signature _____