

**Specimen of the Application Form  
(Application must be on the Letter Head of the AB/Sub AB)**

To

The General Manager  
New Delhi Regional Office  
Reserve Bank of India, New Delhi

**Sub:- Opening of Assignment Account of Autonomous Body/Sub Autonomous Body under the Treasury Single Account (TSA) System**

**Ref:- Government of India, Ministry of Finance, Department of Expenditure OM dated February 24,2022 on subject "Revised instructions on bringing Autonomous Bodies (ABs) under the Treasury Single Account (TSA) system" and other instructions**

Sir,

As per the direction of Ministry of Finance, Government of India Treasury Single Account (TSA) System has to be implemented in \_\_\_\_\_ (Name of the AB/Sub AB) which is an Autonomous Body/Sub AB incorporated in \_\_\_\_\_ (year). You are, therefore, requested to open an assignment account in New Delhi Regional Office, RBI for this organisation.

2. The details of the AB/Sub AB are as under: -

Name of the AB/Sub AB	Name of Head of the AB/Sub AB and Email id	Address of the AB/Sub AB	Email id of the AB/Sub AB	Contact Number

3. The purpose for opening of account in RBI is to bring the AB/Sub AB under the Treasury Single Account (TSA) System prescribed by the Ministry of Finance, Govt. of India.

4. There will be two authorised signatories who will operate this assignment account using their Digital Signatures through PFMS. The names of the authorised signatories are as under: -

Name and Designation of the First Authorised Signatory	Name and Designation of the Second Authorised Signatory

5. The specimen signatures alongwith the proof of identity, email id, mobile no. and KYC who will operate the assignment account in the RBI, duly attested by the Head of the AB/Sub AB are enclosed herewith.

Yours faithfully,

( )

**Head/Incharge of the AB/Sub AB**

Forwarded to the Nodal Officer of the AB for checking and signing of the documents and for onward transmission to the PAO of the Ministry/Department.

**Specimen Signatures of the Authorised Signatories who will operate the Assignment Accounts**

**For First Authorized Signatory: -**

Name and Designation of the First Authorised Signatory	Mobile No. of the First Authorised Signatory	Email id of the First Authority Signatory	Name of the KYC/OVD document attached of the first authorised signatory

Specimen Signatures of the First Authorised Signatory	Attestation by the Head/Incharge of the AB/Sub AB
1.	
2.	
3.	

**For Second Authorized Signatory:**

Name and Designation of the Second Authorised Signatory	Mobile No. of the Second Authorised Signatory	Email id of the Second Authority Signatory	Name of the KYC/OVD document attached of the Second authorised signatory

Specimen Signatures of the Second Authorised Signatory	Attestation by the Head/In-charge of the AB/Sub AB
1.	
2.	
3.	

- (i) E-mail ID(s) on which account statements are to be sent :-
- (ii) Name, Signature, Contact Number and Stamp of Nodal Officer of the AB:-
- (iii) Name, Signature, Contact Number and Stamp of concerned PAO:-