

APPLICATION FORM FOR CLOSURE OF ACCOUNT ON MATURITY

(SB-7A)



APPLICATION SIDE (To be filled by depositor)

Name of the Post Office.....

Date

| | | |
|----|----|----|
| DD | MM | YY |
|----|----|----|

Type of Account: SB RD TD MIS SCSS PPF SSA KVP NSC, Others.....Account No.

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

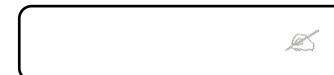
(1) I/We hereby submit pass book and apply for closure of my above mentioned account matured on _____.

(2) Please Credit the amount to my SB Account no. _____ standing at _____ (Name of Account office).

OR Please issue account payee cheque

OR Please pay in cash (applicable if the amount is below permissible limit)

*Certified, that the amount sought to be withdrawn is required for the use of who is alive and still a Minor/unsound mind.



Signature or thumb impression of account holder(s)/guardian

Attested By(Name & Address)
(Applicable in case of thumb impression)

Initial of Postal Assistant

Initial of Postmaster



PAYMENT ORDER(For office use only)

Date

| | | |
|----|----|----|
| DD | MM | YY |
|----|----|----|

Transaction ID _____

Payment Details

Principal:- ₹.....

Interest due(+):- ₹.....

Recovery of Interest overpaid (-):- ₹.....

Deduction (if any) (-):- ₹.....

Total amount to be paid ₹.....(In figures)

₹.....(in words)



Date Stamp



Signature of Postmaster

ACQUITTANCE (to be filled by depositor)

Received ₹.....(In figures) ₹.....(in

words) by Cash or Cheque No. dated or

Please credit into my Savings Account No.



Signature or thumb impression of account holder(s)/guardian

Mobile No.
Attested By(Name & Address)
(Applicable in case of thumb impression)