

FORM - E

(See sub rule (1) of rule 8 and rule 9) APPLICATION FOR CLOSURE OF AN ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

To, The Chief / Branch Manager State Bank of India					
Sir / Madam,					
1. I,	, S	on/Daughter/W	ife of _		
resident of				, and Depositor of	Account No.
(r				, , , , ,	
the said account with imme					
TOTAL (INTEREST+DEPOSI		-			
Only), *after adjustment o					
deposit, amounting to _₹_	•				,
and any other charges, rec		me in respect	of the a	iccount in question, ma	ay kindly be
refunded to me immediately	y .				
2. The Pass Book is enclosed.		Signatur	o or Thi	ımb Impression of the	Denositor(s)
		Signatur	o or thic	imb impression or the	Depositor (s)
*******		************ SE BY THE BRA		*****	*****
ACCOUNT No	Date o	f Deposit/_	/20	Amount of Deposit	₹
Withdrawal on account of Inter	rest ₹	and deposi	it ₹_	totaling to	₹
(Rupees			On	ly) is sanctioned in fa	avour of the
Depositor. *Recovery of overpa	aid Interest	₹	., Deduc	tion of ₹	_ and Other
Charges (to be specified) _₹_		totaling to <u>₹</u>		(Rupees	
		_ Only) has bee	n adjust	ted.	
NET AMOUNT PAID ₹	(Rupees	·			Only)
(*) By Credit to SB A/c NO					
(*) By DD/BC No	dated/_	/20			
Date ://20				(Branch / Service Ma	anager)
******	******	* * * * * * * * * * * * *	* * * * * * *	*****	*****
_		RECEIPT			
Received a sum of _₹					
from State Rank of India		(Branch	I ac nor	datails furnished above	10

Signature / Thumb Impression of the Depositor(s)

^{*:} Score out whichever is not applicable.