ACCOUNT CLOSURE/PREMATURE CLOSURE FORM (SB-7A)

**APPLICATION SIDE**

(To be filled by depositor)

- **Name of Post Office**
- **Type of account** - SB/RD/TD/MIS/NSS (tick the required category)
- **Account No.**
- **Date:**

Please pay to self/messenger whose name and signatures are given below) the sum of Rs. ________ (In words) Rs. ________ (In figures) shown as balance in my passbook plus/minus interest/recoveries as admissible under the rules.

**Signature or thumb impression of depositor**

- **Name of Messenger**
- **Signature of Messenger**

(Required only if payment is required through messenger)

**Initial of PA**  **Initial of APM**

**PAYMENT ORDER**

(For office use only)

- **Payment detail**
  - Principle amount Rs. __________
  - Interest due Rs. __________
  - Recovery of overpaid
  - Deduction if any Rs. __________
  - Total Amount due Rs. __________

- **Pay Rs. __________** (In figures)
- **(in case of premature closure)**
- **Signature of Postmaster**

**DATE STAMP**

**ACQITTANCE**

(to be filled by depositor/messenger)

- **Received**
  - Rs. __________

**Signature or thumb impression of depositor**

**Date**