



APPLICATION SIDE (To be filled by depositor)

Name of the Post Office..... Date

D	D	M	M	Y	Y	Y	Y
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Type of Account: SB RD TD MIS SCSS PPF SSA KVP NSC, Others.....

Account No.

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*Certified, that the amount sought to be withdrawn is required for the use of _____ who is alive and still a Minor/unsound mind.

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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

D	D	M	M	Y	Y	Y	Y
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Transaction ID -----

Payment Details

Principal:- ₹.....

Interest due(+):-₹.....

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

Deduction (if any) (-):-₹.....

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

₹.....(in words)

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Date Stamp

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Signature of Postmaster

ACQUITANCE (to be filled by depositor)

Received ₹.....(In figures) ₹.....(in words) by Cash or Cheque No..... dated or Please credit into my Savings Account No.....

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

Mobile No.

Attested By.....(Name & Address)

Date	D	D	M	M	Y	Y	Y	Y
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 (Applicable in case of thumb impression)