

FORM -2

Application for Withdrawal

To,
The Postmaster/Manager

.....
.....

Sir,

I(Depositor/guardian) hereby
apply for withdrawal from my account as per details below:-

Account Number:.....

Amount of withdrawal applied.....

*Certified, that the amount sought to be withdrawn to be availed is required for the
use ofwho is alive and still a Minor.

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

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit of cash payment).

3. I certify that all the conditions applicable under scheme for grant of withdrawal have
been complied with.

Necessary documents as applicable are attached as under:-

1.

2.

Date:-

Signature or thumb impression of depositor/guardian

.....

Attested

By

(Attestation is applicable in case of thumb impression)

For office use only

Payment detail

Amount available in Account Rs . _____

Date of Initial Subscription _____

Date on which last withdrawal was allowed _____

Total Amount granted for withdrawalRs . _____(In figures)

(In words)_____

Date Stamp

Signature of Postmaster/Manager

Acquittance

(to be filled by depositor)

Received Rs . _____(In figures)_____ (in words) By
cash/cheque/DD bearing no.....dated...../by
transfer to Account No.....

Date

Signature/thumb impression of depositor/guardian