FORM -3

Application for closure of account

Name of Post Office/Bank_____
Date_____

Account Number_____

1. I/we hereby submit pass book/deposit receipt and apply for closure of my/our above mentioned account matured on_____.

2. Please Credit the amount of eligible balance in my matured account 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).

*Certified, that the amount held in the account is required for the use of ……who is alive and still a Minor.

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

(Thumb impression should be attested by a person known to Accounts office)

Payment Order

(For office use only)

Date .....

Payment detail

Principal amount Rs._____

(+) Interest due Rs. _____

(-) Recovery of overpaid interest Rs._____

Deduction if any Rs_____

Total Amount due Rs_____

Pay Rs._____(in figurers)_____(in words)

Date

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 account holder(s)/guardian