## FORM -4

## **Application for closure of account**

Name of Post Office/Bank Date			
Account Number			
I hereby submit pass book/deposit receipt book and apply for closure of my above mentioned account.			
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*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use ofwho is alive and still a Minor.			
Signature or thumb impression of depositor/guardian			
(Thumb impression should be attested by a person known to Accounts office)			
Paymont Order			
Payment Order			
(For office use only)			
Payment detail			
Principal amount Rs			

(1) Interset due De		
(+) interest due Rs		
(-) Recovery of overpaid interest	Rs	
Deduction if any Rs		
Total Amount due Rs		
Pay Rs	(in figurers)	(in words)
Date		
	Signatur	re of Postmaster/Manager
	Acquittance	
	(to be filled by depositor)	
Received Rs	(In figures)	(in words) By
cash/cheque/DD bearing transfer to Account No	no	.dated/by
Date Sig	gnature/thumb impression of deposito	or/guardian