FORM -4

Application for premature closure of account

To, The Postmaster/Manager	
Sir,	
I wish to prematurely close my Account No balance of(Rupeesyou to pay the amount after deduction of applicable per second contents.	Only) and request
Please Credit the amount to my SB Acconstanding at	
or	
Please issue a Demand Draft/account payee cheque	
or	
Please pay in cash (applicable if the amount is below	permissible limit)
 I hereby declare that the provisions under whematurity have been complied with. Necessary documents as applicable are attached as under the provisions under whematurity have been complied with. 	
2.	
*Certified, that the amount sought to be withdrawn use ofwho is alive	
Date: Signature or thumb	impression of account holder/guardian
(Thumb impression of the depositor should be attested office)	
For office use o	nly
Payment detail	
Eligible balance in Account `	
Less Penalty amount `	
Total Amount to be paid ` .	

Date Stamp		Signature of Postmaster/Manager		
		Acquittones		
		Acquittance		
Received Rs		by account holder/ messenger) figures)	_ (in	words) By
cash/cheque/DD b	earing No.)	dated	/by	transfer to
Account No				
Date	Sig	nature/thumb impression of account	holder	/guardian