

FORM -5

Application for closure of account

Name of Post Office/Bank _____

Date _____

Account Number _____

1. I hereby submit pass book/deposit receipt and apply for closure of my 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*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use ofwho is alive and still a Minor.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 account holder/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 figures) _____ (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
holder/guardian

Signature/thumb impression of account