FORM -4

Application for premature closure of account

To,
The Postmaster/Manager
……
……

Sir,

1. I wish to prematurely close my Account No_____ having balance of _____(Rupees_____ Only) and request you to pay the amount after deduction of applicable penalty, as per details given below:-

Please Credit the amount 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)

2. I hereby declare that the provisions under which the account can be closed before maturity have been complied with.
Necessary documents as applicable are attached as under:-

1.
2.

*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of ……who is alive and still a Minor.

Date:-_____ Signature or thumb impression of account holder/guardian

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(Thumb impression of the depositor should be attested by a person known to the accounts office)

For office use only

Payment detail

Eligible balance in Account ` .____

Less Penalty amount `.____

Total Amount to be paid ` .____(In figures)

(In words)_____

Date Stamp Signature of Postmaster/Manager

Acquittance

(to be filled by account holder/ messenger)

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/guardian

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*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of ……who is alive and still a Minor.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 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/guardian