FORM -2

Application for Withdrawal

To,
The Postmaster/Manager
……
……

Sir,

I ……..(Depositor/guardian) hereby apply for withdrawal from my account as per details below:-

Account Number:.....

Amount of withdrawal applied.....

*Certified, that the amount sought to be withdrawn to be availed is required for the use of ……who is alive and still a Minor.

2. Please Credit the amount of withdrawal 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 of cash payment).

3. I certify that all the conditions applicable under scheme for grant of withdrawal have been complied with.

Necessary documents as applicable are attached as under:-

1.
2.

Date:-_____ Signature or thumb impression of depositor/guardian

---------- Attested By_____
(Attestion is applicable in case of thumb impression)

For office use only

Payment detail

Amount available in Account Rs ._____

Date of Initial Subscription _____

Date on which last withdrawal was allowed _____

Total Amount granted for withdrawalRs ._____(In figures)

(In words)_____

Date Stamp 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 depositor/guardian