



APPLICATION SIDE (To be filled by depositor)

Name of the Post Office..... Date DD MM YYYY

Type of Account: SB RD TD MIS SCSS PPF SSA KVP NSC, Others.....

Account No. [Grid]

(1) I/We hereby submit pass book and apply for closure of my above mentioned account matured on

(2) Please Credit the amount to my SB Account no. standing at (Name of Account office).

OR Please issue account payee cheque

OR Please pay in cash (applicable if the amount is below permissible limit)

*Certified, that the amount sought to be withdrawn is required for the use of who is alive and still a Minor/unsound mind.

[Signature box]

Signature or thumb impression of account holder(s)/guardian

Attested By..... (Name & Address) (Applicable in case of thumb impression)

Initial of Postal Assistant

Initial of Postmaster



PAYMENT ORDER (For office use only)

Date DD MM YYYY

Transaction ID

Payment Details

Principal:- ₹.....

Interest due(+):- ₹.....

Recovery of Interest overpaid (-):- ₹.....

Deduction (if any) (-):- ₹.....

Total amount to be paid ₹..... (In figures)

₹..... (in words)

[Date Stamp box]

Date Stamp

[Signature box]

Signature of Postmaster

ACQUITTANCE (to be filled by depositor)

Received ₹..... (In figures) ₹.....

..... (in words) by Cash or Cheque No..... dated or

Please credit into my Savings Account No.....

[Signature box]

Signature or thumb impression of account holder(s)/guardian

Mobile No.

Attested By..... (Name & Address)

[Date] DD MM YYYY (Applicable in case of thumb impression)