FORM - 5

[See sub-paragraph (1) of paragraph 13] (Application for premature closure of account)

To,	· -	
The Postmaster/Manager		
1. I wish to premat	arely close my Account	No
having balance of Rs. Only) and request you to pay t	he amount after deduction (of applicable penalty, as per details given
below:-		
		standing at(Name of Account office).
	or	
Please issue a Demand Draft/a	ccount payee cheque	
	or	
Please pay in cash (applicable	if the amount is below perm	nissible limit)
2. I hereby declare that the probeen complied with.	ovisions under which the ac	ecount can be closed before maturity have
Necessary documents as applied	eable are attached as under:	-
1.		
2.		
*Certified, that the amount sou		o be availed is required for the use of l a Minor.
Date:		mb impression of account holder /guardian
(Thumb impression of the depe		a person known to the accounts office)
	For office use of	nlv
	Payment deta	
Eligible balance in Account R Less Penalty amount Rs.	s	
Total Amount to be paid Rs		
(In words)		
Date Stamp		Signature of Postmaster/Manager
	Acquittance	
(to be filled by account hold	er/ messenger)
Received Rs(In f	gures)	(in words) By
	dated	(in words) By/by transfer to Account No
·		
Date:	Signature/thur	nb impression of account holder /guardian