FORM – 3
[See sub-paragraph (1) of paragraph 11]
(Application for closure of account)

Name of Post Office/Bank________________________________________
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).

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*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of ………..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 figures) _____________________________
_________________________(in words)

Date Signature of Postmaster/Manager

Acquittance
(To be filled by the 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