

FORM – 3

(Application for closure of account)

Date_____

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______.

or

Please issue a Demand Draft/account payee cheque

or

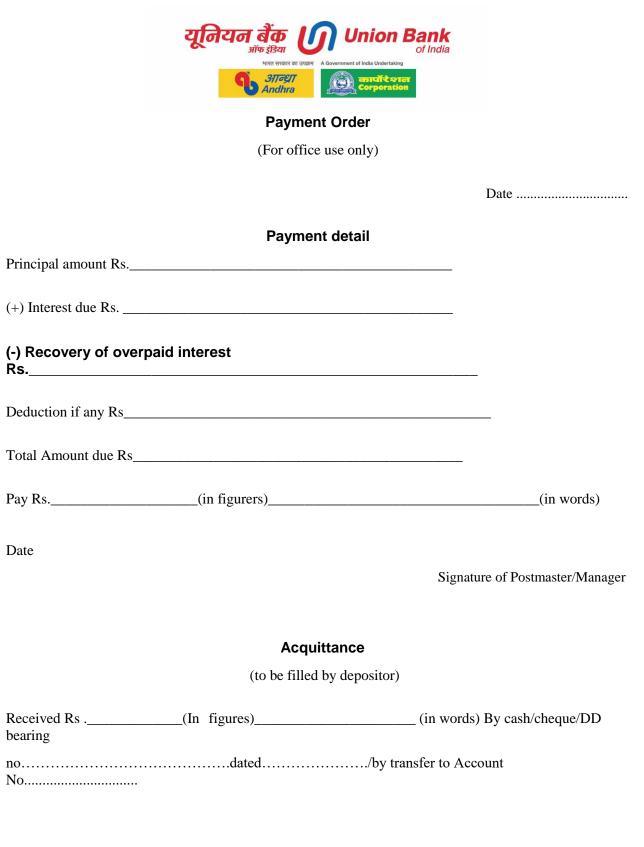
Please pay in cash (applicable if the amount is below permissible limit).

*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of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)



Signature/thumb impression of account holder /guardian

Date: