



**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 \_\_\_\_\_.

Please Credit the amount of eligible balance in my matured account 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).

\*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of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