

FORM-2

(Application for Premature closure of account)

To,
The Manager

.....
.....

Sir,

1. I/we wish to prematurely close my/our Account No _____ having balance of _____ (Rupees _____ Only) opened under Senior Citizens' Savings Scheme and request you to pay the amount after deduction of applicable penalty, as per details given below:-

Please Credit the amount 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)

3. I/We hereby declare that the conditions under which the account can be closed before maturity under Senior Citizens' Savings Scheme have been complied with.

Necessary documents as applicable are attached as under:-

- 1.
- 2.

Date:- _____

Signature or thumb impression of account holder/s

(Thumb impression of the depositor should be attested by a person known to the account office)

For office use only

Payment detail

Eligible balance in Account ` _____

Less Penalty amount ` _____

Total Amount to be paid ` _____ (In figures)

(In words) _____

Date Stamp

Signature of Manager

Acquittance

(to be filled by account holder/ messenger)

Received Rs _____ (In figures) _____ (in words) By cash/cheque/DD bearing

No.) _____ dated _____ /by transfer to Account

No _____.

Date:

Signature/thumb impression of Depositor/s