APPLICATION FORM FOR CLOSURE OF ACCOUNT ON MATURITY (SB-7A)

APPLICATION SIDE (To be filled by depositor)

Name of the Post Office..... Date D D M M Y Y Y Y

Type of Account: ☐SB ☐RD ☐TD ☐MIS ☐SCSS ☐ PPF ☐ SSA ☐ KVP ☐ NSC, Others.....

Account No.												

(1) I/We hereby submit pass book and apply for closure of my above mentioned account **matured on**_____.

(2) Please Credit the amount to my SB Account no._____ standing at_____(Name of Account office).

OR Please issue account payee cheque

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

*Certified, that the amount sought to be withdrawn is required for the use of .....who is alive and still a Minor/unsound mind.

Signature or thumb impression of account holder(s)/guardian

Attested By .....(Name & Address)
(Applicable in case of thumb impression)

Initial of Postal Assistant

Initial of Postmaster

PAYMENT ORDER(For office use only) Date D D M M Y Y Y Y

Transaction ID ----------

Payment Details

Principal:- ₹.....

Interest due(+):-₹.....

Recovery of Interest overpaid (-):-₹.....

Deduction (if any) (-):-₹.....

Total amount to be paid ₹.....(In figures)

₹.....(in words)

Date Stamp

Signature of Postmaster

ACQUITTANCE (to be filled by depositor)

Received₹.....(In figures) ₹.....
.....(in words)by Cash or Cheque No..... dated ..... or
Please credit into my Savings Account No.....

Signature or thumb impression of account holder(s)/guardian

Mobile No. .....

Attested By .....(Name & Address)
(Applicable in case of thumb impression)

Date D D M M Y Y Y Y