

## APPLICATION FORM FOR CLOSURE OF ACCOUNT ON MATURITY

(SB-7A)



## APPLICATION SIDE (To be filled by depositor)

Name of the Post Office.....

Date 

DD	MM	YY
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Type of Account:  SB  RD  TD  MIS  SCSS  PPF  SSA  KVP  NSC, Others.....Account No. 

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(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\*Certified, that the amount sought to be withdrawn is required for the use of .....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 

DD	MM	YY
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Transaction ID \_\_\_\_\_

## Payment Details

Principal:- ₹.....

Interest due(+):- ₹.....

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

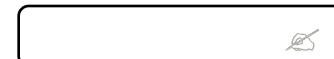
Deduction (if any) (-):- ₹.....

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)