


APPLICATION FORM FOR PRE-MATURE CLOSURE OF ACCOUNT

(SB-7B)



APPLICATION SIDE (To be filled by depositor)

Name of the Post Office..... Date

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

Account No.																	
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To
The Postmaster.....Post Office

(1) I/we wish to **prematurely close** my/our Account No _____ having balance of ₹ _____ (₹ _____ Only) and request you to pay the amount after deduction of applicable penalty/any other dues (if applicable any), as per details given below:-


(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)

(3). I/We hereby declare that the provisions under which the account can be closed before maturity under(Name of Scheme) have been complied with. Necessary documents as applicable are attached as under:-

*Certified, that the amount sought to be withdrawn is required for the use ofwho is alive and still a Minor/unsound mind.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

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Transaction ID -----

Payment Details

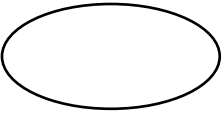
Principal:- ₹.....

Interest due(+):-₹.....


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

Deduction of penal interest and others (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									
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(Applicable in case of thumb impression)