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*Certified, that the amount sought to be withdrawn is required for the use of ……who is alive and still a Minor/unsound mind.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