APPLICATION FORM FOR PRE-MATURE CLOSURE OF ACCOUNT (SB-7B)

APPLICATION SIDE (To be filled by depositor)

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

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

Account No.												

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*Certified, that the amount sought to be withdrawn is required for the use of ……who is alive and still a Minor/unsound mind.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

Date D D M M Y Y Y Y (Applicable in case of thumb impression)