

APPLICATION FORM FOR PRE-MATURE CLOSURE OF ACCOUNT

(SB-7B)



APPLICATION SIDE (To be filled by depositor)

Name of the Post Office.....

Date

DDMMYY

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*Certified, that the amount sought to be withdrawn is required for the use ofwho is alive and still a Minor/unsound mind.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

DDMMYY

Transaction ID -----

Payment Details

Principal:- ₹.....

Interest due(+):-₹.....

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

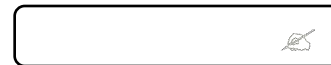
Deduction of penal interest and others (if any) (-):-.....

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

DDMMYY

(Applicable in case of thumb impression)