



FORM – 4
(Application for closure of account)

Name of the Branch _____ Date _____
Account Number _____

1. I hereby submit pass book/deposit receipt book and apply for closure of my above mentioned account.
2. Please Credit the amount of eligible balance in my matured account to my SB Account no. _____ standing at _____ (Name of Account office).
Or
Please issue a Demand Draft/account payee cheque
Or
Please pay in cash (applicable if the amount is below permissible limit).

*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of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

Signature or thumb impression of depositor/guardian

(Thumb impression should be attested by a person known to Accounts office)

Payment Order
(For office use only)

Date

Payment detail

Principal amount Rs. _____
(+) Interest due Rs. _____
(-) **Recovery of overpaid interest Rs.** _____
Deduction if any Rs _____
Total Amount due Rs _____

Pay Rs. _____ (in figures) _____ (in words)
Date _____ Signature of Branch Manager

Acquittance
(to be filled by depositor)

Received Rs . _____ (In figures) _____ (in words) By cash/cheque/DD
bearing
no. dated. /by transfer to Account
No.

Date _____ Signature/thumb impression of depositor/guardian