



**FORM-2**

(Application for closure of account)

Name of Bank\_\_\_\_\_

Date\_\_\_\_\_

Account Number\_\_\_\_\_

1. I/we hereby submit pass book/deposit receipt and apply for closure of my/our above mentioned account matured on\_\_\_\_\_.

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 held in the account is required for the use of .....who is alive and still a minor.

Signature or thumb impression of account holder(s)/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)

Place:

Date

Signature of 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 account holder(s)/guardian