



APPLICATION SIDE (To be filled by depositor)

Name of the Post Office..... Date

D	D	M	M	Y	Y	Y	Y
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Type of Account: RD TD MIS SCSS PPF SSA KVP, Others.....

Account No.

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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).

ORPlease issue account payee cheque.

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*Certified, that the amount sought to be withdrawn is required for the use ofwho is alive and still a Minor/unsound mind.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

D	D	M	M	Y	Y	Y	Y
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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)

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Signature of Postmaster

Date Stamp

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
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 (Applicable in case of thumb impression)