


**APPLICATION FORM FOR CLOSURE OF ACCOUNT ON MATURITY**

**(SB-7A)**

**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:  SB  RD  TD  MIS  SCSS  PPF  SSA  KVP  NSC, Others.....

Account No. 


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**(1)** I/We hereby submit pass book and apply for closure of my above mentioned account **matured on** \_\_\_\_\_.

**(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)

\*Certified, that the amount sought to be withdrawn is required for the use of \_\_\_\_\_ who is alive and still a Minor/unsound mind.



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**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 (if any) (-):-₹.....

Total amount to be paid ₹.....(In figures)

₹.....(in words)


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Date Stamp


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Signature of Postmaster

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**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.....


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

Mobile No. ....

Attested By .....(Name & Address)  
 (Applicable in case of thumb impression)

Date 

D	M	M	Y	Y	Y	Y
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