SB - 7	SB - 7
WITHDRAWAL FORM	Payment Order
PASSBOOK MUST ACCOMPANY THIS FORM	Date
Name of the Post Office	Pay Rs(in words)
Account No: Date:	Interest (in case of closure)
Pay Self/Messenger whose signature is given below the sum of Rs(in words)	Date Stamp
Rs (in figures)	
Balance afater withdrawal Rs (in figures)	Signature of Postmaster
Name of Messenger	Acquittance
Signature of Messenger	Received Rs
Signature or thumb impression of depositor	Date Signature
Signature of thumb impression of depositor	Date Signature