

SPECIMEN OF FORM

ACCOUNT CLOSURE/PREATURE CLOSURE FORM (SB-7A)

PASSBOOK MUST ACCOMPANY THIS FORM

APPLICATION SIDE

(To be filled by depositor)

Name of Post Office _____

Type of account- SB/RD/TD/MIS/NSS (tick the required category)

Account No. _____

Date:- _____

Please pay to self/messenger whose name and signatures are given below) the sum of Rs. _____ (In words) Rs. _____ (In figures) shown as balance in my passbook plus/minus interest/recoveries as admissible under the rules

Signature or thumb impression of depositor

Name of Messenger _____

Signature of Messenger _____

Signature or thumb impression of depositor
(Required only if payment is required through messenger)

Initial of PA Initial of APM

PAYMENT ORDER

(For office use only)

Date _____

Payment detail _____

Principle amount Rs. _____

+ Interest due Rs. _____

- Recovery of overpaid

Interest Rs. _____

- Deduction if any Rs. _____

(in case of premature closure)

Total Amount due Rs. _____

Pay Rs. _____ (In figures) _____

(In words)

Signature of Postmaster

Date Stamp

ACQUITANCE

(to be filled by depositor/messenger)

Received

Rs. _____

(both in words and figures.)

Signature or thumb impression of depositor

Date _____