

**FORM -4**

**Application for closure of account**

Name of Post Office/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).

Signature or thumb impression of account holder/s

(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)

Date

Signature of Postmaster/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  
holder/s

Signature/thumb impression of account