FORM -2 [See sub-paragraph (1) of paragraph 6] (Application for premature closure of account)

| The Postmaster/Manager | | |
|---|---------------------------------------|--|
| | | |
| Sir, 1. I/we wish to prematurely clo | ose my/our Account No | havinα |
| balance of (Rupees | ose my/our Account No | Only) |
| balance of (Rupees opened under Senior Citizens' Savings Sapplicable penalty, as per details given be | | ay the amount after deduction of |
| 2. Please credit the amount to n | | |
| | or | |
| Please issue a Demand Draft / Account I | • | |
| Places pay in each (applicable if the amo | Or Sunt is below permissible lim | iit) |
| Please pay in cash (applicable if the amo | ount is below permissible init | iit <i>)</i> |
| 3. I/We hereby declare that the conunder Senior Citizens' Savings Scheme | | ount can be closed before maturity |
| Necessary documents as applicable are a 1. 2. | attached as under:- | |
| Date:(Thumb impression of the depositor show | | mb impression of account holder/s nown to the accounts office) |
| | For office use only Payment detail | |
| Eligible balance in Account Rs | | |
| Less Penalty amount Rs Total Amount to be paid Rs (In words) | (In figures) | _ |
| Date Stamp | | Signature of Postmaster/Manager |
| | Acquittance | |
| | led by account holder/ messe | |
| Received Rs(In figures) cash/cheque/DD bearing No.) | | (in words) By |
| cash/cheque/DD bearing No.) No | dated | /by transfer to Account |
| | | |

Date:

Signature/thumb impression of Depositor/s