

FORM - E

(See sub rule (1) of rule 8 and rule 9)

Serial No _____.

APPLICATION FOR CLOSURE OF AN ACCOUNT UNDER SENIOR CITIZENS SAVINGS SCHEME, 2004

TO

The Branch Manager/Incharge,
_____ (name of the Deposit office)

_____.

Subject: Application for withdrawal/closure of account.

Sir,

1. I, _____, son/daughter/wife of _____resident of _____,
and depositor of account No _____. (hereinafter referred to as the 'said account') hereby apply for closure of the said account with immediate effect. The interest of Rs _____ and deposit of Rs _____. TOTAL (INTEREST+DEPOSIT) Rs _____ (Rupees _____), *after adjustment of overpaid interest and/or deduction equal to _____ per cent of the deposit, amounting to Rs _____ (Rupees _____) and any other charges, recoverable from me in respect of the account in question, may kindly be refunded to me immediately.**2. The Pass Book is enclosed.**

Signature or thumb impression of the Depositor

FOR USE BY THE DEPOSIT OFFICE

ACCOUNT No _____ DATE OF DEPOSIT _____ AMOUNT OF DEPOSIT:

Rs _____.

Withdrawal on account of Interest Rs _____ and deposit Rs _____ totalling to Rs _____ (Rupees _____)

is sanctioned in favour of the depositor.

*Recovery of overpaid interest Rs _____, deduction of Rs. _____ and

Other Charges (to be specified) Rs _____ totalling to Rs _____.

(Rupees _____) has been adjusted.

NET AMOUNT PAID Rs _____ (Rupees _____)**RECEIPT**

Received a sum of Rs _____ (Rupees _____)

from _____ (Name of Deposit office) as per details furnished above.

Signature / Thumb impression of the depositor

Signature of in-charge of Deposit Office
(Alongwith name and designation stamp)***: Score out whichever is not applicable.**