



**FORM – 2**  
**Application for closure of account**

Name of Branch \_\_\_\_\_

Date \_\_\_\_\_

Account Number \_\_\_\_\_

1. I hereby submit pass book/deposit receipt and apply for closure of my 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 Branch).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit).

Certified, that the amount sought to be withdrawn to be availed is required for the use of .....who is alive and still a Minor.

Signature or thumb impression of account holder /guardian  
(Thumb impression should be attested by a person known to Bank)

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**For office use only**

Payment Order

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 figurers) \_\_\_\_\_ (in words)

Date Stamp

Signature of Bank 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:

Signature/thumb impression of account holder /guardian