

FORM – 3
[See sub-paragraph (1) of paragraph 7]
(Application for closure of account)

To,
The Branch Manager
State Bank of India

.....
.....

Date _____

Account Number _____

Sir,

1. I/we hereby submit passbook/deposit receipt and apply for closure of my/our above-mentioned Senior Citizens' Saving Scheme 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 Branch 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/s