



ACCOUNT CLOSURE FORM (SB-7A)

PASSBOOK MUST ACCOMPANY THIS FORM

APPLICATION SIDE

(To be filled by depositor)

Name of Post Office _____ Date _____

Type of account - SB/RD/TD/MIS/PPF/NSS/SCSS/PPF etc. _____

Account No. _____

Please pay to selected messenger (whose name and signature are given below) the sum of Rs. _____ (In figures) Rs. _____ (In words)

shown as balance in my passbook plus/minus interest/recoveries as admissible under the rules.

Signature or thumb impression of depositor

Name of Messenger _____

Signature of Messenger _____

Signature or thumb impression of depositor

(Required only if payment is required through messenger)

Initial of PA Initial of APM

PAYMENT ORDER

(For office use only)

Payment detail

Date _____

Principle amount Rs. _____

(+) Interest due Rs. _____

(-) Recovery of overpaid Interest Rs. _____

(-) Deduction if any Rs. (in case of premature closure) _____

Total Amount due Rs. _____

Pay Rs. _____ (In figures) _____ (In words)

Date Stamp

Signature of Postmaster

Acquittance

(To be filled by depositor/messenger)

Received Rs. _____

(both in words and figures)

Date _____

Signature or thumb impression