



FORM -3
[See sub-paragraph (1) of paragraph 11]
(Application for closure of account)

To
The Branch Manager
State Bank of India

Date : _____

_____ Branch

Account Number : _____

Sir,

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 the Branch and Branch Code.

OR

Please issue a Demand Draft / Account payee cheque

OR

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

*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of _____ who is alive and still a Minor.

Date : ____/____/____

Signature or thumb impression of account holder/guardian

Attested by: _____

(Thumb impression should be attested by a person known to accounts office)

PAYMENT ORDER

For office use only

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 account holder)

Received Rs. _____ (in figures) Rs. _____

(in words) by Cash/ cheque/DD Bearing No. _____ dated _____

By transfer to Account No. _____

Date :

Signature/Thumb impression of account holder/guardian