

FORM - 5 [See sub-paragraph (1) of paragraph 13] (Application for premature closure of account)

(Application for premature closure of account)
То
The Branch Manager
State Bank of India
Branch
Account Number :
Sir,
1. I wish to prematurely close my Account No
you to pay the amount after deduction of applicable penalty, as per details given below.
you to puj the uniouni atter deduction of uppricable penalty, as per details given below.
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)
2. I hereby declare that the provisions under which the account can be closed before maturity have been complied with.
Necessary documents as applicable are attached as under:-
1
2
*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use o who is alive and still a Minor.
Date :/ Signature or thumb impression of account holder/guardian
Attested by:
(Thumb impression of the depositor should be attested by a person known to accounts office)
For office use only Payment detail
·
Eligible bance in Account : Rs
Less Penalty amont : Rs
Total amount to be paid : 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
(in words) by Cash/ cheque/DD Bearing No dated
By transfer to Account No

BY VE