



Application for Closure of Sukanya Account

To,

The Branch Manager

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Sir,

1. I hereby submit passbook/deposit receipt book and apply for closure of my account as per details below-

Account Number –

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 of cash payment).

*Certified, that the amount sought to be withdrawn to be availed is required for the use ofwho is alive and still a Minor.

Signature or thumb impression of depositor/guardian

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

Payment Order
For office use only

Payment detail

Date :-

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 Staff-

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 depositor/guardian