

FORM -9
(See Rule 19 of Government Savings Promotion Rules, 2018)
Application for closure of account under National Savings Scheme

Name of Post Office/Bank _____ Date _____

Name of Scheme _____ Account Number _____

1. I/we hereby submit pass book/deposit receipt book and apply for closure of my/our 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 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 depositor/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 Postmaster/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 Depositor/s