



FORM – E
(See sub rule (1) of rule 8 and rule 9)
**APPLICATION FOR CLOSURE OF AN ACCOUNT UNDER
SENIOR CITIZENS SAVINGS SCHEME, 2004**

To,
The Chief / Branch Manager
State Bank of India

Sir / Madam,

1. I, _____, Son/Daughter/Wife of _____ resident of _____, and Depositor of Account No. _____ (hereinafter referred to as the 'said account') hereby apply for closure of the said account with immediate effect. The Interest of ₹_____ and Deposit of ₹_____ **TOTAL (INTEREST+DEPOSIT) ₹_____** (Rupees _____ Only), *after adjustment of overpaid interest and / or deduction equal to ____% per cent of the deposit, amounting to ₹_____ (Rupees _____ Only) and any other charges, recoverable from me in respect of the account in question, may kindly be refunded to me immediately.

2. The Pass Book is enclosed.

Signature or Thumb Impression of the Depositor(s)

FOR USE BY THE BRANCH

ACCOUNT No _____ Date of Deposit ___/___/20___ Amount of Deposit ₹_____ Withdrawal on account of Interest ₹_____ and deposit ₹_____ totaling to ₹_____ (Rupees _____ Only) is sanctioned in favour of the Depositor. *Recovery of overpaid Interest ₹_____, Deduction of ₹_____ and Other Charges (to be specified) ₹_____ totaling to ₹_____ (Rupees _____ Only) has been adjusted.

NET AMOUNT PAID ₹_____ (Rupees _____ Only)

(*) By Credit to SB A/c NO _____

(*) By DD/BC No _____ dated ___/___/20___

Date : ___/___/20___

(Branch / Service Manager)

RECEIPT

Received a sum of ₹_____ (Rupees _____ Only) from **State Bank of India**, _____ (Branch) as per details furnished above.

Signature / Thumb Impression of the Depositor(s)

*: Score out whichever is not applicable.