

PUBLIC PROVIDENT FUND SCHEME, 2019

FORM - 3

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

Date.....

Name of Post Office/Bank

Account Number

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 Account office).

or

Please issue a Demand Draft/account payee cheque

or

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

*Certified, that the amount sought to be withdrawn/loan to be availed is required for the use of.....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.

Signature or thumb impression of account holder /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 figurers)..... (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 account holder /guardian