

FORM - 3
Application for closure of SCSS



To,
IDBI Bank

_____ Branch

Date: _____

SCSS Account Number: _____

1. I/we hereby submit pass book/ deposit receipt 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 _____ (Bank Name)

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 account holder/s
(Thumb impression should be attested by a person known to Bank)

Payment Order

(For Bank use only)

Date _____

Payment detail

Principal amount ₹ _____

(+) Interest due ₹ _____

(-) Recovery of overpaid interest ₹ _____

Deduction if any ₹ _____

Total Amount due ₹ _____

Pay ₹ _____ (In figures) _____ (In words)

Date _____

Signature of Manager

Acquittance

(to be filled by depositor)

Received ₹ _____ (In figures) _____ (in words) By cash/ cheque/

DD Bearing No. _____ dated _____ /by transfer to Account No. _____

Date _____

Signature/ thumb impression of account holder