

FORM - 2 Application for premature closure of SCSS account

To,			
The Manager			
IDBI Bank			
Bra	nnch		
Sir,			
	close my/our Account No		_having balance of
(Rupees		Only) opened	under Senior Citizens' Savings Scheme and
	nount after deduction of applicab		
Please Credit the amour	nt to my SB Account no	at	(Name of Bank).
		or	
Please issue a Demand Draft/ Account Payee Cheque			
Diagram was in analy (ann	Backle if the amount in halour in	or	
	licable if the amount is below pe	•	
have been complied with		account can be closed befor	e maturity under Senior Citizens' Savings Scheme
Necessary documents as	s applicable are attached as unde	er:	
1	2		_
Date:	(Thumb impres	sion of the depositor should b	Signature or thumb impression of account holder/s be attested by a person known to the accounts office)
	For Inte	ernal Bank use only	
Payment detail			
Eligible balance in Account ₹			
Less Penalty amount ₹			
Total Amount to be paid ₹	(In figures),	(In words)	
Date		Stamp	Signature of Manager
		Acquittance	
	(to be filled	by account holder/ messenger)	
Received ₹	(In figures)		(in words) By cash/ cheque/
DD Bearing No.	dated	_/by transfer to Account No.	
Date			Signature/ thumb impression of Depositor/s