

WITHDRAWAL FORM (SB-7)

**PASSBOOK MUST ACCOMPANY THIS FORM IF ACCOUNT
STAND AT BO.
APPLICATION SIDE**
(To be filled by depositor)

Name of Post Office _____ Date _____

Type of account-SB/RD/TD/MIS/NSS/ etc. _____

Account No. _____

NATURE OF WITHDRAWAL (please Tick)

- Interest
- RD Half withdrawal
- Any other (Please specify)

Please pay to self/messenger (whose name and signatures are given below) the sum of

Rs. _____ (In figures) Rs. _____ (In words)

Balance after withdrawal Rs. _____ (in figures)

Signature or thumb impression of depositor
Name of Messenger _____

Signature of Messenger _____

Signature or thumb impression of depositor
(Required only if payment is required through messenger)

Initial of PA Initial of APM

PAYMENT ORDER

(For office use only)

Date _____

Pay Rs. _____ (In figures) _____

_____ (in words)

Signature of Postmaster

Date Stamp

Acquittance

(To be filled by depositor/messenger)

Received Rs. _____
(both in words and figures)

Signature or thumb impression of depositor

Date _____