



# Daivadnya Sahakara Bank Niyamit

1169, SARAF GALLI, SHAHAPUR, BELAGAVI - 590 003.

## APPLICATION FOR PREMATURITY PAYMENT

To,  
The Manager,  
Daivadnya Sahakara Bank Niyamit,  
Shahapur-Belgaum.

Date \_\_\_\_\_

Sir,

I the undersigned Shri./Smt. \_\_\_\_\_

of \_\_\_\_\_  
beg to State that on account of some domestic difficulty. I do not wish to continue the below particular account. I shall be obliged if you will kind enough to refund me at early date the balance laying to my credit in the said deposit account with admissible interest and full settlement of all my claims over the same.

### Particulars of Account

- 1) Type of Deposit \_\_\_\_\_
- 2) Account Number \_\_\_\_\_
- 3) Balance of Deposit \_\_\_\_\_
- 4) Investment Period \_\_\_\_\_

Your's faithfully,

Signature of Applicant

### OFFICE REMARKS

Verified and confirmed the correctness of the balance of the above noted account.

Sanctioned  
Payment be made

Clerk

Date

Acct./Br. Manager