

FORM E

[See sub-paragraph (1) of paragraph 11]

(To be submitted only in case of individual depositor)

.....
[Name of the Branch]

Serial No.....

Form of nomination under the Capital Gains Accounts Scheme, 1988

To
The Manager

.....
.....
.....
[Name and address of the Deposit Office]
.....

I,..... son/ daughter of.....
[Name of the Depositor]
residing at.....
[Address]

hereby nominate the person(s) mentioned below to whom, to the exclusion of all other persons, in the event of my death, the amount standing to my credit in account-A No. Pass Book No..... / account-B No. Deposit Receipt No. under the Capital Gains Accounts Scheme, 1988, would be payable.

Sl. No.	Name(s) of the nominee(s)	Relationship	Full address(es)	Date of birth of nominee in case of minor
1.				
2.				
3.				

*As the nominee(s) at Serial No.(s). specified above is/are minor(s), I appoint Shri/Smt./Kumari.....
[Name and full address]

as the person to receive the sum due under the said account(s) in the event of my death during the minority of the nominee(s).

Signature of witness :
.....
Name and Address :
.....
.....

.....
Signature/Thumb impression of the depositor
PAN & Distt./Ward/Circle/Range where assessed

Date :.....

Place :.....

Signature of witness

.....

Name and Address :

.....

.....

Date :

FOR THE USE OF BRANCH

The above nomination has been registered on..... and entry has been made in the Pass book No.for account-A No.

Deposit Receipt No. for account-B No.

Date :.....

.....

Officer-in-charge

Note :

*Delete whatever is not applicable. If space provided under the columns hereinabove is not sufficient to furnish the requisite details, the same may be done by way of using separate enclosure and referring to the same under the respective columns.