

FORM E

[See sub-paragraph (1) of paragraph 11]
(To be submitted only in case of individual depositor)

[Name of the Deposit Office]

Serial No. _____

Form of nomination under the Capital Gains Accounts Scheme, 1988

To

The Manager

[Name and address of the Deposit Office]

I, _____ [Name of the Depositor] son of _____ 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

* 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 :

Signature/Thumb impression of the depositor

Name and Address :

PAN & Distt./Ward/Circle/Range where assessed

Date _____.
Place _____.

Signature of witness

Name and Address

Date _____.

FOR THE USE OF DEPOSIT OFFICE

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.