

FORM G

[See sub-paragraph (1) of paragraph 13]
(To be submitted by the depositor)

[Name of the Deposit Office]

Serial No _____

Application for closing the account under the Capital Gains Accounts Scheme, 1988 by the depositor

To
The Manager

[Name and address of the Deposit Office]

I, _____ [Name of the * Depositor/ * Applicant], son of
residing at _____ [Address of the * applicant/ * depositor]
hereby apply in terms of sub-paragraph (1) of paragraph 13 of the Scheme, to close the * account/ * accounts
mentioned below, which * is/ * are maintained, with your office in * my name/ * in the name of
[Name and address of the depositor]

2. Details of Account/Accounts :

(i) Account-A No _____ Pass book No _____ (ii) Account-B
No _____ Deposit Receipt No. _____

3. I tender herewith the * Pass book/ * Deposit Receipt mentioned hereinabove.

4. The application is made by me as guardian on behalf of aforesaid depositor who is a minor and whose date of
birth is _____.

5. The application is made by me as authorised officer of the aforesaid depositor, the * firm
/ * company/association of persons/body of individuals _____.

6. The application is made by me as karta of the aforesaid depositor _____ a Hindu
undivided Family

* Signature/Thumb impression of the Depositor/
the Guardian/Karta/Authorised Officer of the
Depositor

Date _____

Additional specimen

Place : _____

APPROVED

[Signature (with date) and stamp of Assessing Officer having jurisdiction]

FOR THE USE OF DEPOSIT OFFICE

(Details of * Account/ * Accounts closed and total amount paid may be recorded)

Date _____

Officer-in-charge

Notes:

- 1. *Delete whatever is not applicable.
- 2. Columns 4, 5, 6 pertain to deposit made on behalf of a minor, firm, company, association of persons, body of individuals, a Hindu undivided family. Hence, in case of individual depositor, these columns may be scored out. In other cases, only one respective column may be retained and the remaining two may be scored out.