

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 :

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 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.