## FORM F

[See sub-paragraph (3) of paragraph 11]

	[Name of the Deposit Office]
	Serial No
Application for cancellation or change of nor	mination previously made in respect of account under the
Capital Gain	s Accounts Scheme, 1988
То	
The Manager	
[Name and address of the Deposit Office]	
I,son c	f residing at
[Address of the depositor] hereby cancel the nomi	nation made by me in respect of my Account/Accounts
mentioned under column 2 hereunder:	
2. Details of Account/Accounts	
(1) Account-A No	
Nomination made on	
in favour of	
(2) Account-B No.	
Nomination made on	

**3.** \* In the place of the cancelled nomination referred to under column 2 hereinabove, I 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 the account/accounts mentioned under column 2 hereinabove 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) \_\_\_\_\_\_ stated 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				
FOR THE USE OF DEPOSIT OFFICE				
The nomination referred to under column 2 hereinabove has been cancelled * and column 3 hereinabove has been registered onar	nd accordingly entry has been			
made in the Pass book for account-A NoDeposit Receipt Nofor account-B Noreferred to under the column 2 hereinabove.				
Date	Officer-in-charge			

in favour of

## 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.