FORM A

[*See* sub-paragraph (1) of paragraph 5]
(To be submitted in duplicate)

[Name of the Deposit Office]

Serial No.

Application for opening an account under the
Capital Gains Accounts Scheme, 1988

To
  The Manager

[Name and address of the Deposit Office]

I, _____ [Name and address of the * Applicant/ * Depositor] aged _____ years____ hereby apply for opening * account-A * and/ * or account-B, under the Capital Gains Accounts Scheme, 1988 (in terms of section * 54/ * 54B/ * 54D/ * 54F/ * *54G/* * *54GB of the Act*) * in my name/ * in the name of _____ [Name of the depositor] of whom I am the * guardian/ * karta / * authorised officer, and tender herewith the amount of Rs. _____ in cash /by way of * Crossed cheque/ * Demand draft, towards deposit as per details below.

1. (a) Amount deposited
           Rs. _____ [in figures]
           Rs._____ [in words]

           * in cash/by * crossed cheque/ * Demand Draft No. _____ dated _____ drawn on _____
     (b) Address of the depositor :_____

** **2.** * I wish to make a nomination in respect of the amount to my credit in the said account/
       * I do not wish to make a nomination in respect of the amount to my credit in the said account, at present.

  3. (a) Applicant's relationship with the depositor [in case the depositor is minor]:

     (b) Whether applicant is natural guardian/ guardian appointed by court, for the minor depositor

     (c) Date of birth of minor:

  4. Depositor's permanent I.T. Account No./ District/ Ward/ Circle/ Range where assessed

  5. Previous year :   From _____to month_____
     [as applicable in case of the depositor]

  6. Assessment year in respect of which deposit is to be made

  7. (a) Whether deposit is to be made under account-A or account-B or under account-A and account-B

     (b) In case the deposit is to be made under account-A and account-B
         (i) Amount to be deposited under account-A   Rs._____ [in figures]
                                                              Rs._____ [in words]

         (ii) Amount to be deposited under account-B   Rs._____ [in figures]
                                                              Rs._____ [in words]

     (c) In case of account-B
         (i) period for which deposit is to be made

         (ii) whether the deposit is made as * cumulative/ *
         Non-cumulative :

FOR THE USE OF DEPOSIT OFFICE

1. (a) Account-A No. ____ has been opened on ____ with Rs. ____ in the name of ____ [Name of the depositor]
   (b) Pass book No. ____ has been issued to the applicant/ depositor.
2. (a) Account-B No.__ has been opened on____ with Rs.____in the name of ____ [Name of the depositor] as
       * cumulative/ non-cumulative deposit.
   (b) Deposit Receipt No.___ for Rs. ____ dated ___ has been delivered on ___ to the * applicant/ * depositor.
3. Cheque No.___ dated____ for Rs.__ drawn on __ tendered by the * applicant/ * depositor, has not been
   realised, hence account has not been opened.

Date :_____

Officer-in-charge

Notes :
1. *Delete what is not applicable.
2. Option with respect to type of account/ accounts intended to be opened and amount to be deposited and other details (in case two accounts, i.e., account-A and account-B are to be opened) must be mentioned under the respective columns.
3. **Nomination Form E must be submitted along with this application in case of individual depositor intending to make nomination otherwise, the applicant should delete the portion under column 2 of the form, whichever is not applicable.
4. Column 3 is for deposits made on behalf of a minor.
5. If space provided under the columns is not sufficient to furnish any detail, the same may be furnished by way of using separate enclosure and making reference of the same in respective columns.