

**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.