



FORM B

[See sub-paragraphs (2),(3) & (7) of paragraph 7]

Serial No. : _____

**APPLICATION FOR CONVERSION OF ACCOUNTS UNDER THE
CAPITAL GAINS ACCOUNTS SCHEME, 1988**

PASSPORT
SIZE
PHOTO

To
The Branch Manager
State Bank of India,
_____ Branch

1. _____
[Name of the applicant*/depositor*] hereby apply for _____

2. Transfer of the principal amount of Rs. _____ [in figures]
(Rupees _____ [in words]
together with amount of interest accrued in Account B No. _____
(Deposit Receipt No. _____) maintained with your Branch in my
name*/ the name of _____
[Name and address of the depositor]

(a) To Account- A No. _____ maintained with your Branch
in *my name/*the name of aforesaid depositor:

(b) *to a New Account- A which may please be opened in *my name/*the name of aforesaid
depositor.

I Submit herewith the aforesaid Deposit Receipt No. _____ for the purpose of
transfer of said amount to aforesaid Account No. *which is maintained with your Branch/* which is
to be opened.

3. (i) Opening a new Account-B *my name/*the name of _____

[Name and address of the depositor] for a period of _____ days/month/year with
effect from _____ [date] and to transfer the sum of Rs. _____

[in figures] (Rupees _____) [in words] to the credit in such new Account B, out of the balance standing to the credit in Account- A, No. _____ maintained with your branch**my name/*the name of said depositor _____[Name of the depositor]

(ii) I submit herewith the aforesaid SB Pass Book with Account No. _____ for the purpose of transfer of said amount to a new Account-B.

4. *The application is made by me as a guardian on behalf of aforesaid _____ [Name of the depositor] who is a minor. Date of Birth _____.
5. * The application is made by me as Karta of the aforesaid _____ Hindu Undivided Family.
6. *The application is made by me as authorised officer of the aforesaid *firm _____ / _____ *company/* Association of persons/ *Body of individuals.

**Signature/*thumb impression of the Depositor *of the Guardian/*Karta/*Authorised Officer of the depositor*

Date : _____

Place : _____

Additional specimen Signatures.

FOR THE USE OF BRANCH/DEPOSIT OFFICE

- *(1) The deposit if aforesaid Account-B No. _____ Deposit Receipt No. _____ has been allowed to be withdrawn* before maturity/*on maturity/ *after maturity and total sum of principal amount of Rs. _____ [in figures] (Rupees _____) [in words] and the sum of Rs. _____ [in figures] (Rupees _____) [in words] of interest accrued in said Account- B no. _____ has been transferred on _____ [date] to Account-A No. _____ *which is already maintained/*which has been opened on _____ [date] in the name of the aforesaid depositor _____ [Name of the depositor] of the newly opened Account-A No. _____ has been delivered on _____ [date] to the abovementioned*applicant/*depositor.
- *(2) A New Account-B No. _____ Deposit Receipt No. _____ for sum of Rs. _____ [in words] has been opened on _____ [date] for a period of _____ days/months/year/s in the name of the aforesaid depositor

_____ [Name of the depositor] and the sum of Rs. _____
[in figures] (Rupees _____) [in words] has been
transferred to said new Account-B No. _____ on _____ [date]
out of the balance standing to the credit in the aforesaid Account-A no. _____
of the said depositor.

Date : _____

Branch Manager/ Accountant.

Notes : -

1. *Score out whichever is not applicable.
2. If space provided in column or columns is not sufficient to furnish the requisite details, same may be furnished by way of using separate enclosure and referring the same under the respective column.