



FORM E

*[See sub-paragraph (1) of paragraph 11]
(To be submitted only in case of individual depositor)*

Serial No. _____

FORM OF NOMINATION UNDER THE CAPITAL GAINS ACCOUNTS SCHEME, 1988

To
The Branch Manager,
State Bank of India,
_____ Branch

I, _____ son of _____
[name of the depositor] 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. _____/Account-B No _____ Deposit Receipt No _____ under the Capital Gains Accounts Scheme, 1988, would be payable:

Sl.NO.	Name(s) of the Nominees	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 : _____

Date : _____

Place : _____

Signature / Thumb Impression of the
Depositor

PAN AND DIST/WARD/ CIRCLE/RANGE
where assessed

Signature of Witnesses : _____
Name & 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 : _____

BRANCH MANAGER / ACCOUNTANT

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 column.