



**FORM F**

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

Serial No. \_\_\_\_\_

**APPLICATION FOR CANCELLATION OR CHANGE OF NOMINATION  
PREVIOUSLY MADE IN RESPECT OF ACCOUNT UNDER THE  
CAPITAL GAINS ACCOUNTS SCHEME, 1988**

To  
The Branch Manager,  
State Bank of India,  
\_\_\_\_\_ Branch

I, \_\_\_\_\_ son of \_\_\_\_\_  
residing at \_\_\_\_\_

[Address of the depositor] hereby cancel the nomination 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 \_\_\_\_\_  
in favour of \_\_\_\_\_

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	Relationship	Full Address(es)	Date of birth of Nominee in case of minor
1				
2				
3				

Contd...2/-

4. 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: \_\_\_\_\_

Name and Address : \_\_\_\_\_

\_\_\_\_\_  
Signature / Thumb Impression of the  
Depositor

Date : \_\_\_\_\_

Place : \_\_\_\_\_

\_\_\_\_\_  
PAN AND DIST/WARD/ CIRCLE/RANGE  
where assessed

**FOR THE USE OF DEPOSIT OFFICE**

The nomination referred to under column 2 hereinabove has been cancelled\* and fresh nomination as per column 3 hereinabove 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. \_\_\_\_\_ referred to under the column 2 hereinabove.

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.