

Serial No.

FORM E

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

Affix branch barcode

Form of nomination under the Capital Gains Accounts Scheme, 1988

To,
The Manager
IndusInd Bank,

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. 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
1.				
2.				
3.				

*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).

Date:

Place:

Signature/Thumb impression of the depositor

PAN & Distt./Ward/Circle/Range where assessed**

Signature of witness _____

Signature of witness _____

Name and Address :

Name and Address :

For the use of Branch

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 / Officer-in-charge

Notes:

* 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.

** Mandatory field