

Serial No.

FORM G

[See sub-paragraph (1) of paragraph 13]
(To be submitted by the depositor)

Affix branch barcode

Application for closing the account under the Capital Gains Accounts Scheme, 1988 by the depositor

To,
The Manager
IndusInd Bank,

Branch

I, son of
[Name of the *Depositor/*Applicant]

residing at
[Address of the *applicant/*depositor]

hereby apply in terms of sub-paragraph (1) of paragraph 13 of the Scheme, to close the *account/*accounts mentioned below, which *is/*are maintained, with your office *in my name/*in the name of
[Name and address of the depositor]

2. Details of Account/Accounts

(i) Account-A No. Pass book No.

(ii) Account-B No. Deposit Receipt No.

3. I tender herewith the *Pass book/*Deposit Receipt mentioned hereinabove.

4. The application is made by me as guardian on behalf of aforesaid depositor who is a minor and whose date of birth is

5. The application is made by me as authorised officer of the aforesaid depositor, the *firm *
company, association of persons body of individuals

6. The application is made by me as karta of the aforesaid depositor a Hindu undivided family.

Date:

Place:

Signature/Thumb impression of the Depositor/
Guardian/Karta/Authorised
eligible assessee referred to in section 54GB of the Act
[applicable in case of section 54GB only]

Additional specimen:

APPROVED

[Signature (with date) and stamp of Assessing Officer having jurisdiction]

