

Serial No.

FORM H

[See sub-paragraphs (2) and (3) of paragraph 13]
(To be submitted by the nominee/legal heir of the deceased depositor)

Affix branch barcode

Application for closing the account under the Capital Gains Accounts Scheme, 1988, by the nominee/legal heir of the deceased depositor

To,
The Manager
IndusInd Bank,

Branch

I/We,
[Name and address of the nominee/legal heir of the deceased depositor]

hereby apply in terms of sub-paragraph (2)/(3) of paragraph 13 of the Scheme to close the *account/*accounts mentioned below, which *is/*are maintained with your office in the name of the deceased depositor

[Name and address of the depositor and PAN and Distt./Ward/Circle/Range where assessed]

2. In terms of *sub-paragraph (6) of paragraph 11,
[Name of the nominee]
aged years, son of
[full address]

am entitled to obtain payment due to the credit in the *account/*accounts mentioned under column 4 hereunder (in case application is made by the nominee).

3. I, aged years,
[Name of the legal heir]
son of resident of

[full address] am making this application

to obtain the payment due to the credit in the *account/*accounts mentioned under column 4 hereunder and submit herewith the letter(s) of disclaimer given by all other legal heirs.

4. Details of *Account/*Accounts

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

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

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

Date:

Place:

Signature/Thumb impression of the Nominee/
Legal heir of the deceased depositor

Additional specimen:

APPROVED

[Signature (with date) and stamp of Branch manager/ Officer-in-charge]

