

FORM – E

(See instructions before filling in this form)
 (To be submitted only in case of individual depositor)

SERIAL NO. _____

FORM OF NOMINATION UNDER THE CAPITAL GAINS ACCOUNTS SCHEME, 1988

To :

**The Manager
 CANARA BANK**

I, _____ (Name of the depositor) s/o d/o w/o _____
 _____ residing at _____
 _____ (address)

hereby nominate the person/(s) mentioned below to whom, to the exclusion of all the 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 Sri/Smt./Kumari
Name & 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

Panchayath & Dist./WARD/CIRCLE/RANGE where assessed :

Signature of witness :.....

Name & address:

Signature of witness :.....

Name & 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 :

Officer / Manager

INSTRUCTIONS FOR FILLING IN

**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 the same under the respective columns.*

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