## FORM H

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

[Name of the Deposit Office]

Serial N

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

heir of the deceased depositor		
To		
The Manager		
[Name and address of the Deposit Office]		
[Name and address of the Deposit Office]		
	and address of the nominee/ legal heir	
of the deceased depositor] hereby apply in terms of sub-paragraph (2)/(3		
close the * account/ * accounts mentioned below, which is/ are maintained	ed with your office in the name of the	
deceased depositor[Name and addres	s of the depositor and PAN and Distt./	
Ward/ Circle/ Range where assessed]		
2. In terms of * sub-paragraph (6) of paragraph 11, I,	[Name of the nominee]	
agedyears, son of	[Ivalue of the nonlinee]	
for the first of t		
[full address] am entitled to obtain payment due to the credit in the * a	account/ * accounts mentioned under	
column 4 hereunder (in case application is made by the nominee).		
3.I, Name of the log resident of	egal heir], aged years, son	
of resident of	[full address]	
am making this application to obtain the payment due to the credit in the	he * account/ * accounts mentioned	
under column 4 hereunder and submit herewith the letter(s) of disclain	ner given by all other legal heirs.	
4. Details of * Account/ * Accounts		
(i) Account -A No. Pass book No. (ii) Account -B No. Deposit Receipt N		
(II) Account -D to Deposit Receipt to	0	
5. * I/* We tender herewith the * Pass book/ * Deposit Receipt mention	ned nereinabove.	
	Signature/Thumb impression of the Nominee/	
	Legal heir of the deceased depositor	
Date :		
Place:	Additional specimen	
	Tauannentan speemmen	
ARROWED		
APPROVED		
[Signature (with date) and stamp of Assessing Officer	having jurisdiction]	
FOR THE USE OF DEPOSIT OFFI	ICE .	
(Details of Account/Accounts closed and total amount paid to the nominee /legal heir, may be recorded)		
(Details of Mecount/Mecounts closed and total amount	the part to the nonlinee /regar herr, may be recorded)	
D. A		
Date	0.00	
	Officer-in-charge	

## **Notes:**

- 1. \*Delete whatever is not applicable.
- 2. Pass Book/Deposit Receipt, as the case may be, should be enclosed.
- 3. Column 2 pertains to claim made by nominee and column 3 pertains to claim made by legal heir(s). Hence, the column which is not applicable may be scored out.