**FORM B**[See sub-paragraphs (2), (3) and (7) of paragraph 7]

[Name of the Deposit Office]

Serial No.

Application for	conversion o	of accounts u	under the	Capital	Gains	Accounts	Scheme,	1988
TT.								

Γο The Manager
[Name and address of the Deposit Office]
I,
depositor.  I submit herewith the aforesaid Deposit Receipt No.  (for the purpose of transfer of said amount to afores aid account -A which * is maintained with your office/* which is to be opened.  * 2. (i) Opening a new account-B in * my name/ * in the name of [Name and address of the depositor] for a period of
[Name and address of the depositor] for a period of days/month/year with effect from
said amount to a new account-B.  3. * The application is made by me as guardian on behalf of afores aid
undivided family.  5. The application is made by me as authorised officer of the aforesaid * firm/ * company/* association of persons/* body of individuals.
* Signature/Thumb impression of the Depositor/th Guardian/Karta/ Authorised Officer of the Deposito
Date: Place: Additional specimen
FOR THE USE OF DEPOSIT OFFICE
* 1. The deposit in aforesaid account-B No

aforesaid depositor _		and the pass t	ook No. <u></u>		of the	e newly	
opened account-A No	has been deliv	has been delivered on[date] to the			ntioned		
* applicant/ * deposit	or.						
2. A new account-B N	0	deposit re	ceipt No	for sun	n of Rs.		
[in figures] (Rupees _		) [in words] has	been opened	d on	[dat	te] for a	
period of		days/r	nonth/year/s	in the name of	f aforesaid de	positor	
[Name of the depositor] and the sum of Rs [in figures] (Rupees)							
[in words] has been tr		on_		[date]			
out of the balance star	nding to the credit in	count-A No		of	the said		
depositor.							
Date :						Officer-in-	-charge

## **Notes:**

- 1. \*Score out whichever is not applicable.
  - 2. If space provided in a column or columns is not sufficient to furnish the requisite details, same may be furnished by way of using separate enclosure and referring the same under the respective column.

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