

FORM No. G

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

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

xx
[Name of the Deposit Office]

Serial No. x

To,
The manager

Xxx

[Name and address of the deposit office

I, Xx (Name of the Depositor / Applicant) Son of xx
residing at (Address of the applicant /depositor) Xxx

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) Xx

2 Details of Account/ Accounts: .
(i) Account-A No. x Pass book No x
(ii) Account-B No. x Deposit Receipt No x

3 I tender herewith the Passbook / Deposit Receipt mentioned herein above.

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

- 5 The application is made by me as authorised officer of the aforesaid depositor, the firm
xxx company , association of persons xxx
body of individuals xxx
- 6 The application is made by me as Karta of the aforesaid depositor, xxx
a Hindu undivided family

Signature / thumb impression of the depositor /
Guardian / Karta / Authorised officer of the depositor

Additional specimen

Date : x
Place : x

APPROVED

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

FOR THE USE OF DEPOSIT OFFICE

(Details of Account / Accounts closed and total amount paid may be recorded)

| | |
|---|---|
| 1 | x |
| 2 | x |
| 3 | x |
| 4 | x |

Date

Officer-in-charge

Notes:

1. Delete whatever is not applicable.
2. Columns 4,5,6 pertains to deposit made on behalf of a minor ,firm, company, association of persons, body of individuals, a hindu undivided family . Hence , in case of individual depositor , these columns may be scored out. In other cases, only one respective column may be retained and the remaining two may be scored out.