

FORM A

[See sub-paragraph (1) of paragraph 5]
(To be submitted in duplicate)

The South Indian Bank Ltd

Application for opening an account under the Capital Gains Accounts Scheme, 1988

To
The Manager
South Indian Bank
Branch

Serial No:

I, [Name and address of the * Applicant/ * Depositor]
aged Years hereby apply for opening * account-A * and/ * or account-B, under the Capital Gains
Accounts Scheme, 1988 (in terms of section * 54/ * 54B / * 54D/ * 54F/* 54G/16[*54GA]/* 54GB of the Act) * in
my name/ * in the name of [Name of the depositor] of
whom I am the * guardian/ * karta / * authorised officer, and tender herewith the amount of Rs.....
in cash /by way of * Crossed cheque/ * Demand draft, 16[/*by electronic mode] /
towards deposit as per details below.

1. (a) Amount deposited

Rs. [in figures]

Rs.

[in words] * in cash/by * crossed cheque/ * Demand Draft No..... dated drawn on

16[/*by electronic mode]

(b) Address of the depositor:

** 2. * I wish to make a nomination in respect of the amount to my credit in the said account/

* I do not wish to make a nomination in respect of the amount to my credit in the said account, at present.

3. (a) Applicant's relationship with the depositor

[in case the depositor is minor]: :

(b) Whether applicant is natural guardian/ guardian

appointed by court, for the minor depositor :

(c) Date of birth of minor: :

4. Depositor's permanent I.T. Account No./ District/

Ward/ Circle/ Range where assessed :

5. Previous year: From to month

[as applicable in case of the depositor] :

6. Assessment year in respect of which deposit is to be made :

7. (a) Whether deposit is to be made under account-A or

account-B or under account-A and account-B :

(b) In case the deposit is to be made under account-A and account-B

(i) Amount to be deposited under account-A Rs. [in figures]

Rs. [in words]

(ii) Amount to be deposited under account-B Rs. [in figures]

Rs. [in words]

(c) In case of account-B

(i) period for which deposit is to be made :

(ii) whether the deposit is made as * cumulative/ * non-cumulative: :

.....
* Signature/Thumb impression of the Depositor/of the
Guardian/Karta/Authorised Officer of the Depositor

Date:

Place:

.....
Additional specimen

.....
** Signature/Thumb impression of the eligible assessee as
referred to in section 54GB of the Act [applicable in case of
section 54GB only]

FOR THE USE OF DEPOSIT OFFICE

1. (a) Account-A No has been opened on with Rs.....
in the name of [Name of the depositor]
(b) Passbook No has been issued to the applicant/ depositor.
2. (a) Account-B No has been opened on with
Rs..... in the name of [Name of the depositor] as * cumulative/ non-
cumulative deposit.
(b) Deposit Receipt No for Rs dated has been delivered
on..... to the * applicant/ * depositor.
3. Cheque No.dated for Rs. drawn on tendered by the *
applicant/ * depositor, has not been realised, hence account has not been opened.

Date:

.....
Officer-in-charge

Notes:

1. *Delete what is not applicable.
2. Option with respect to type of account/ accounts intended to be opened and amount to be deposited and other details (in case two accounts, i.e., account-A and account-B are to be opened) must be mentioned under the respective columns.
3. **Nomination Form E must be submitted along with this application in case of individual depositor intending to make nomination otherwise, the applicant should delete the portion under column 2 of the form, whichever is not applicable.
4. Column 3 is for deposits made on behalf of a minor.
5. If space provided under the columns is not sufficient to furnish any detail, the same may be furnished by way of using separate enclosure and making reference of the same in respective columns.