

FORM E

[See sub-paragraph (1) of paragraph 11]

(To be submitted only in case of individual depositor)

RBL Bank Ltd.

Form of nomination under the Capital Gains Accounts Scheme, 1988

To

The Branch Manager

RBL Bank Ltd.,

Branch Code: _____ Branch Name & address: _____

I, _____

[Name of the applicant/Depositor] Son/Daughter/Wife of _____

_____ residing at

_____ [Address]

hereby nominate the person(s) mentioned below to whom, to the exclusion of all other persons, in the event of my death, the amount standing to my credit in account-A No. _____

Passbook 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 [name] Shri/Smt./Kumari _____

_____ residing at

_____ [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).

Signature of witness 1:	
Name and Address:	
Date: DD / MM / YYYY	Place:
Signature of witness 2:	
Name and Address:	
Date: DD / MM / YYYY	Place:
Signature/Thumb impression of the Depositor	
PAN & Distt./Ward/Circle/Range where assessed	
Date: DD / MM / YYYY	Place:

FOR THE USE OF DEPOSIT OFFICE

The above nomination has been registered on DD / MM / YYYY, and entry has been made in the Pass book No. for account-A No. _____

Deposit Receipt No. _____ for account-B No. _____

Branch Official Details (SDM Or above)	
Name	
Employee ID	
Signature	
Designation	
Date	DD / MM / YYYY

Note :

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 to the same under the respective columns.