

**FORM H**

[See sub-paragraphs (2) and (3) of paragraph 13]

**(To be submitted by the nominee/legal heir of the deceased depositor)****RBL Bank Ltd.****Application for closing the account under the Capital Gains Accounts Scheme, 1988,  
by the nominee/legal heir of the deceased depositor**

To

The Branch Manager

RBL Bank Ltd.,

Branch Code: \_\_\_\_\_ Branch Name &amp; address: \_\_\_\_\_

I/We, \_\_\_\_\_  
\_\_\_\_\_ **[Name of the nominee/legal heir of  
the deceased depositor]** residing at \_\_\_\_\_\_\_\_\_\_ **[Address of  
the nominee/legal heir of the deceased depositor]** hereby apply in terms of sub-paragraph (2)/(3) of  
paragraph 13 of the Scheme to close the account/accounts mentioned below, which is/are maintained  
with your office in the name of the deceased depositor \_\_\_\_\_  
\_\_\_\_\_ **[Name of the  
depositor],** \_\_\_\_\_\_\_\_\_\_ **[Address  
of the depositor]** \_\_\_\_\_ **[PAN  
and Distt./Ward/Circle/Range where assessed]****2.** In terms of sub-paragraph (6) of paragraph 11, I, \_\_\_\_\_  
\_\_\_\_\_ **[Name of the nominee]**  
aged \_\_\_\_\_ years, Son/Daughter/Wife of **[Name]** \_\_\_\_\_  
\_\_\_\_\_ **[full  
address]** \_\_\_\_\_

am entitled to obtain payment due to the credit in the account/accounts mentioned under column 4 hereunder (in case application is made by the nominee).

3. I, \_\_\_\_\_  
 \_\_\_\_\_ **[Name of the legal heir],**  
 aged \_\_\_\_\_ years, Son/Daughter/Wife of \_\_\_\_\_  
 \_\_\_\_\_ resident of  
 \_\_\_\_\_  
 \_\_\_\_\_ **[full address].**

am making this application to obtain the payment due to the credit in the account/accounts mentioned under column 4 hereunder and submit herewith the letter(s) of disclaimer given by all other legal heirs.

**4. Details of Account/Accounts**

(i) Account-A No. \_\_\_\_\_ Pass book No. \_\_\_\_\_

(ii) Account-B No. \_\_\_\_\_ Deposit Receipt No. \_\_\_\_\_

5. I/We tender herewith the Pass book/Deposit Receipt mentioned hereinabove.

|   |               |
|---|---------------|
| <i>Signature/Thumb impression of the Nominee/Legal heir of the deceased depositor</i> |               |
| <i>Additional specimen</i>  |               |
| <b>Date:</b> DD / MM / YYYY   | <b>Place:</b> |

| <b>APPROVED</b>                                |  |
|--|--|
| Signature of Assessing Officer                 |  |
| <b>Date</b>                                    |  |
| Stamp of Assessing Officer having jurisdiction |  |

**FOR THE USE OF DEPOSIT OFFICE**

(Details of Account/Accounts closed and total amount paid to the nominee/legal heir, may be recorded)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

| <b>Branch Official Details (SDM Or above)</b> |                |
|---|----------------|
| Name  |                |
| Employee ID                                   |                |
| Signature                                     |                |
| Designation                                   |                |
| Date  | DD / MM / YYYY |

**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.