

Form DA 1

Nomination under Section 45-ZA of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposits.

I/We _____
 *Name(s) _____
 Address(es) _____
 nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by _____
 (name and address of branch/office in which deposit is held)

Deposit

Nature of _____
 Distinguishing No. _____
 Additional details, if any _____

Nominee

Name _____
 Address _____
 Relationship with depositor, if any _____
 Age _____ If nominee is a minor, date of birth

D	D	M	M	Y	Y	Y	Y
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 As the nominee is a minor on this date, I/we appoint Shri / Smt / Kum**
 Name _____
 Address _____ Age _____
 to receive the amount of the deposit on behalf of the nominee, in the event of my / our / minor's death during the minority of the nominee.
 Nominee Name to be printed on the Statements/Advices Yes No
 Date _____ Place _____

Signature(s) / Thumb Impression(s)***	First Depositor	Second Depositor	Third Depositor
Signature of First Witness ****	Signature of Second Witness ****		
Name _____	Name _____		
Address _____	Address _____		

* Nomination facility is available for individual as well as joint deposit accounts with or without "Either or survivor" mandate.
 ** Strike out if nominee is not a minor.
 *** Where deposit is made in the name of a minor, the variation of nomination should be signed by a person lawfully entitled to act on behalf of the minor.
 **** Attestation by two witness is required only for Thumb Impression(s). Signatures need not be witnessed.

Acknowledgement Slip

We acknowledge the receipt of 'Nomination' Form DA1 from Mr/Mrs/Ms _____
 _____ relating to Account No

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