

Cancellation of Nominations Form**Nomination Form DA 2**

Cancellation of nomination under section 45ZA, of the Banking Regulation Act,1949 and Rules 2(5) of the Banking Companies (Nomination) Rules,1985 in respect of the bank deposits.

Name of the Depositor(s) _____

Deposit Account ID _____

Deposit Amount _____

I/We _____ Address (es) _____

_____ hereby cancel the nomination made by me/us in favor of :

Name of the Nominee _____

Address of the Nominee _____

Phone / Mobile No _____

Email Id (if any) _____

Place: _____

Date: _____

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Signature of Witness : _____

Name of the Witness : _____

Address of Witness : _____

For office use only:

Emp. Name _____ Emp. I.D. _____ Emp. Sign. & Stamp _____

ACKNOWLEDGEMENT DA - 2

We acknowledge the request for Nomination Cancellation submitted by you towards the Deposit Account ID _____ for _____ (Nominee name), your request would be accordingly processed in our records.

Yours Faithfully

Signature of Bank Official with seal