



## Change of Nominations Form

## Nomination Form DA 3

Variation of nomination under section 45ZA, of the Banking Regulation Act, 1949 and Rules 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of the bank deposits.

Relationship with Depositor (if any)

Age of Nominee

Date of Birth of Nominee (If Minor)

Name of the Depositor(s) \_\_\_\_\_

Deposit Account ID \_\_\_\_\_

Deposit Amount \_\_\_\_\_

I/We \_\_\_\_\_ cancel the nomination made by me/us in favor of \_\_\_\_\_ and hereby nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given, may be paid by the company.

Name of the Nominee \_\_\_\_\_

Address of the Nominee \_\_\_\_\_

Phone / Mobile No \_\_\_\_\_

Email Id (if any) \_\_\_\_\_

Relationship with Depositor (if any)	Age of Nominee	Date of Birth of Nominee (If Minor)

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. \_\_\_\_\_ to receive the amount of deposit on behalf of the event of my/our/minor's death during the minority of the nominee.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of 1<sup>st</sup> Applicant

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Applicant

\_\_\_\_\_  
Signature of 3<sup>rd</sup> 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 - 3**

We acknowledge the request for Nomination Modification 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