

Nomination Form DA 1

Name of the Depositor(s)			
Deposit Account ID			
Deposit Amount			
/We	no	minate the following	person to whom in the event c
my/our/minor's death, the amou	nt of the deposit, part	iculars whereof are g	iven, may be paid by the comp
Name of the Nominee			
Address of the Nominee			
Phone / Mobile No			
Email Id (if any)			
Relationship with Depositor (if a	ny) Age of Nominee	Date of Birth of Nom	inee (If Minor)
o receive the amount of deposit on bace:			
o receive the amount of deposit on bace:ate:		r/our/minor's death dur	
o receive the amount of deposit on blace:ate:	ehalf of the event of my	/our/minor's death dur	ring the minority of the nominee.
o receive the amount of deposit on blace:ate:	ehalf of the event of my	v/our/minor's death dur	ring the minority of the nominee. Signature of 3 rd Applicant
o receive the amount of deposit on blace: ate: ignature of 1st Applicant	ehalf of the event of my	v/our/minor's death dur	ring the minority of the nominee. Signature of 3 rd Applicant
o receive the amount of deposit on blace:ate:	Signature of 2 nd App	olicant Signature of Witness: Name of the Witness: Address of Witness:	Signature of 3 rd Applicant
o receive the amount of deposit on bace: ate: ignature of 1st Applicant For office use only:	Signature of 2 nd App	olicant Signature of Witness: Name of the Witness: Address of Witness:	Signature of 3 rd Applicant
p receive the amount of deposit on bace: ate: gnature of 1st Applicant For office use only: Emp. Name	Signature of 2 nd App	olicant Signature of Witness: Name of the Witness: Address of Witness: Emp. Sign. & St	ring the minority of the nominee. Signature of 3 rd Applicant amp
p receive the amount of deposit on bace: ate: gnature of 1st Applicant For office use only: Emp. Name We acknowledge the request for	Emp. I.D. ACKNOWLEDGEM Nomination Registeratio	olicant Signature of Witness: Name of the Witness: Address of Witness: Emp. Sign. & St	ring the minority of the nominee. Signature of 3 rd Applicant amp
We acknowledge the request for for	Emp. I.D. ACKNOWLEDGEM Nomination Registeratio	olicant Signature of Witness: Name of the Witness: Address of Witness: Emp. Sign. & St ENT DA - 1 In submitted by you towee name), your request	ring the minority of the nominee. Signature of 3 rd Applicant amp ards the Deposit Account ID