

ADDITION OF NOMINEE

FORM DA1

Please fill in Black Ink and in CAPITAL LETTERS

Date

D	D	M	M	Y	Y	Y	Y
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CUSTOMER DECLARATION

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

I/We [Name(s)] _____

Address(es) _____

City _____ State _____ Pin Code

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I 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 below, may be returned by NESFB.

Customer ID

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NOMINEE DETAILS

(In case an existing Account Holder)

Name of Nominee _____ Address _____

City

State

Pin Code

Relationship with Depositor, if any _____ Date of Birth of Nominee

D	D	M	M	Y	Y	Y	Y
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DEPOSIT DETAILS

Nature of deposit	Distinguishing No./ Account No.	Additional details, if any

*As the nominee is a minor on this date, I/we appoint Guardian

Shri/Smt./Kum. (Name) _____ Age

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SIGNATURE(S)

All Account Holders to sign

Signature

Signature

Signature

Name of First Account Holder/
Authorised Signatory

Name of Second Account Holder/
Authorised Signatory

Name of Third Account Holder/
Authorised Signatory

* Where deposit is made / account is held in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

WITNESS(ES)

1. Name _____

2. Name _____

Address _____

Address _____

City _____ State _____ Pin Code _____

City _____ State _____ Pin Code _____

Place _____ Date

D	D	M	M	Y	Y	Y	Y
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Place _____ Date

D	D	M	M	Y	Y	Y	Y
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Signature :

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Signature :

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Thumb impression(s) shall be attested by two witnesses.

FOR BANK USE ONLY

Service Request No.

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Employee ID

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Name of the Branch Official

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Sourcing Branch Code

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Signature of the Branch Official

Acknowledgement

We acknowledge receipt of nomination made by you in favour of :

Name of the nominee _____ Age _____ years.

with respect to your A/c nos _____

Signature of Bank official with seal.