

NOMINATION FORM DA1

Nomination under Sec. 45ZA 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) residing at _____
_____ (Address)

nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by **State Bank of India** _____

(Name of branch where account is held)

DEPOSIT

Nature of Deposit Distinguishing No. Additional details if any

NOMINATION

Name & Addresses Relationship with Depositor, if any Age If nominee is a minor his date of birth

As the nominee is a minor on this date, I/We appoint _____ (Name)
_____ (Address) _____ (Age)

receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee.

Name Of Witness : _____

Signatures of Depositors : _____

Address of Witness : _____

Signature of Witness : _____

Place : _____

Date : _____

FOR BRANCH USE ONLY

Particulars of Form DA1 (if received) entered in Nomination Register Sr.No. _____

Dt. _____

Officer _____

Ledger Keeper _____