

Form DA 1

Nomination under Section 45-ZA 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(s) _____

Address(es) _____

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 _____

(name and address of branch/office in which deposit is held)

Deposit

Nature of _____

Distinguishing No. _____

Additional details, if any _____

Nominee

Name _____

Address _____

Relationship with depositor, if any _____

Age _____ If nominee is a minor, date of birth

D	D	M	M	Y	Y	Y	Y
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As the nominee is a minor on this date, I/we appoint Shri / Smt / Kum**

Name _____

Address _____ Age _____

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

Date _____ Place _____

Signature(s) / Thumb Impression(s)*** _____ Depositor _____ Depositor _____ Depositor _____

Signature of First Witness ****

Signature of Second Witness ****

Name _____

Name _____

Address _____

Address _____

* Nomination facility is available for individual as well as joint deposit accounts with or without "Either or survivor" mandate

** Strike out if nominee is not a minor.

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

**** Attestation by two witness is required only for Thumb Impression(s). Signatures need not be witnessed.

Acknowledgement Slip

We acknowledge the receipt of 'Nomination' Form DA1 from Mr/Mrs/Ms _____

_____ relating to Account No

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Date _____

For Equitas Small Finance Bank