CANCELLATION OF NOMINATION FORM (DA2)

Date: | | | | | | | | |

Name(s), Signature(s) and Address(es) of witness(es)



Signature(s)/Thumb impressions (s) of depositor(s)

| D D M M Y Y Y Y | |
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| Cancellation of nomination under Section 45ZA of the Banking Reg | gulation Act, 1949, and rule 2(5) of the Banking Companies (Nomination) |
| Rules, 1985, in respect of bank deposit | |
| I/We | hereby cancel the nomination made by me/us in favour of |
| [Name(s) and address(es)] | |
| | (name and address) in respect o |
| | |
| (give details of deposits) | |
| Where deposit is made in the name of minor, the cancellation of no the minor. | omination should be signed by a person lawfully entitled to act on behalf of |
| 2. Thumb impression(s) shall be attested by two witnesses. | |
| Place: | Date: |
| | |
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