

NOMINATION FORM (DA1)

Please use this form to avail the nomination facility on your account.

Account No.

Name of Primary Account Holder

Mr./Ms./Mrs.
First name Middle name Last name

Name of Joint Account Holder (1)

Mr./Ms./Mrs.
First name Middle name Last name

Name of Joint Account Holder (2)

Mr./Ms./Mrs.
First name Middle name Last name

Nomination under 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
First name Middle name Last name

residing at

I nominate the following person to whom in the event of my/our/minor's death the amount of the deposit/in the account, particulars where of are given below, maybe Deutsche Bank AG

Nominee name

Mr./Ms./Mrs.
First name Middle name Last name

Address Line -1

Address Line -2

Address Line -3

City State PIN Code

Country

Email Phone No. (L) Mobile

Relationship with nominee, if any

Age of nominee Years Months

If nominee is a minor, his/her date of birth
D D M M Y Y Y Y

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

Mr./Mrs./Ms.
First name Middle name Last name

residing at

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

Signature of Primary Account Holder

Place

Date
D D M M Y Y Y Y

Signature of Joint Account Holder (1)

Place

Date
D D M M Y Y Y Y

Signature of Joint Account Holder (2)

Place

Date
D D M M Y Y Y Y

Nominee name to be displayed on Bank Statement/ Passbook/FD receipt". Yes No

Witness - 1: Signature _____

Name
First name Middle name Last name

Address

Witness - 2: Signature _____

Name
First name Middle name Last name

Address

For Bank Use Only

Nomination Record Updated _____ Nomination Record Verified _____