## NOMINATION FORM FOR SOLE PROPRIETORSHIP

Nomination Record Updated \_\_\_





Please use this form	to avail the nomination facility on your account.
Account No.	
Name of Primary Ac	count Holder
Mr./Ms./Mrs.	First name Middle name Last name
Name of Joint Accou	
Mr./Ms./Mrs.	
	First name Middle name Last name
Name of Joint Accou	unt Holder (2)
Mr./Ms./Mrs.	First name Middle name Last name
Nomination under 45-	-ZA of the Banking Regultation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985. in respact of bank deposits,
I/We	
residing at	First name Middle name Last name
residing at	
nominate the follow	ing 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	
Nominee name	
Mr./Ms./Mrs.	
Address Line -1	First name
Address Line -2	
Address Line -3	
City	State PIN Code PIN Code
Country	
Email	Phone No. (L)
Relationship with no	ominee, if any
Age of nominee	Years Months
If nominee is a mino	r, his/her date of birth DDMMYYYY
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	t 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 Prin	nary Account Holder Signature of Joint Account Holder (1) Signature of Joint Account Holder (2)
Place	Place Place Place Place
Date LL	Date Date Date
	DDMMYYYY DDMMYYYYY DDMMYYYYY B displayed on Bank Statement/ Passbook/FD receipt". ☐ Yes ☐ No
Witness - 1:	Signature
Name	
Address	First name Middle name Last name
Witness - 2:	Signature
Name	
Address	First name
For Bank Use Only	

Nomination Record Verified \_\_\_\_