

DELETION OF NOMINEE

FORM DA2



Please fill in Black Ink and in CAPITAL LETTERS

Date
D D M M Y Y Y Y

CUSTOMER DECLARATION

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules 1985 in respect of the bank deposits.

I/We [Name(s)]

Address(es)

City State

Pin Code

hereby cancel the nomination made by me/us in favour of

Name

Address

City State

Pin Code

DEPOSIT DETAILS

Nature of deposit	Distinguishing No./ Account No.	Additional details, if any

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

SIGNATURE(S)

All Account Holders to sign

Signature

Name of First Account Holder/
 Authorised Signatory

Signature

Name of Second Account Holder/
 Authorised Signatory

Signature

Name of Third Account Holder/
 Authorised Signatory

WITNESS(ES)[#]

1. Name

Address

City State

Pin Code

Place

Date
D D M M Y Y Y Y

Signature

2. Name

Address

City State

Pin Code

Place Date
D D M M Y Y Y Y

Signature

Thumb impression(s) shall be attested by two witnesses.

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official