

NOMINATION FORM DA 2

Cancellation of nomination under Section 45ZA of the Banking regulation Act,1949 and Rule 2(5) of the Banking Companies (Nomination) Rules,1985 in respect of Bank Deposits.

I/We

Name/s	Address/es

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

Nominee

Name/s	Address/es

In respect of :

Details of the Deposit

Nature of the Account	Account Number	Additional Details, if any

Sign of 1st Applicant/Thumb impression

Sign of 2nd Applicant/Thumb impression

Sign of 3rd Applicant/Thumb impression

Place:

Date:

Witness1

Name:

Address:

Signature

Witness2

Name:

Address:

Signature

Where deposit is made in the name of a minor, the cancellation of nomination should be signed by a person lawfully entitled to act on behalf of the minor. Thumb impression(s) shall be attested by two witnesses.

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Acknowledgement - DA 2	Date:
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We acknowledge receipt of cancellation request for nomination made by Mr./Ms _____ in favour of (name of nominee) _____ age _____ years. with respect to your deposit no : _____

Authorised Signatory