

Form DA 3

Variation of Nomination under Section 45ZA of the Banking Regulation Act,1949 and Rule 2(6) of the Banking Companies (Nomination) Rules,1985 in respect of Bank Deposits.

I/We,

| Name/s of Accountholder/s | | Address/es | | | | | | |
|--|---|-------------------------------------|----------|---------------------|--|-----|-------|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Hereby cancel the present n | omination made by | y me/us in favour o | of: | | | | | |
| Name & Address of present nominee | | Relationship with depositor, if any | | | if any | Age | | |
| | | | | | | | | |
| and hereby nominate the following person to whom in the event of my/our/minor's death the amount of deposit, particulars whereof are given below may be returned by the Bank: Details of the Account: | | | | | | | | |
| Branch Name | Type of the Acco | ount | unt Numb | t Number (15 digit) | | | | |
| Details of new Nominee | SB / CA / FD / R | D / | | | | | | |
| Name & Address | | Relationship with depositor, if any | | Age | If nominee is a minor, his date of birth | | | |
| | | | | | | | | |
| # as the nominee is a minor on this date, I/We appoint Shri/Smt/Kum, age years, residing at to receive the amount of the depo | | | | | | | | |
| on behalf of the nominee in | the event of my/ou | ır/minor's death d | uring t | | | | posit | |
| Place: | | | | | | | | |
| Date: | | | | | | | | |
| | | | | | | | | |
| | *Signature(s)/Thumb impression(s) of depositor(s) | | | | | | | |



Witnesses: ***

1. Signature 2. Signature Name Name Address: Address: Place: Place: Date: Date: *Where deposit is made in the name of 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. # Strike out if nominee is not minor. _____For Office Use Only Clerk_____ Officer _____ Register Folio_____ Date: _____