

	I/We	(name in block letters a	and address of the	he applicants)		
Account Number	Name		Addr	ess		
cel the nomination made by m amount of the deposit in the a	ne/us in favour of bove account may be r	and hereby n	nominate the follo	wing person to whom in the event of my/	оцг/ п	ninor's death
Name		Address	R	elationship with Depositor (if any)	Age	Date of birth
eceive the amount of the dep	oosit on behalf of the	nominee, in the event of	f my/ our/ minor	r (deposit holder's) death dùring minori	ty of th	ne nominee
** Signature / Thumb impression			** Signatu Thumb imp			
	ne of the nominee	on Bank Account State	Thumb imp	pression Advice Yes N	0	
Thumb impression	ne of the nominee		Thumb imp	pression Advice Yes N	o	
agree to disclose the nan	ne of the nominee	es Mandatory in case	Thumb imp	ed Deposit Advice" Yes N	0	
agree to disclose the nan	ne of the nominee of Witness	es Mandatory in case Addr	Thumb imposes of Thumb imposess	ed Deposit Advice" Yes N	O	
agree to disclose the name Name Note: Only an Individual can Where deposit is made in the on behalf of the minor.	ne of the nominee of Witness	es Mandatory in case Addr	Thumb imposes of Thumb imposess	ed Deposit Advice" Yes Noression Signature wfully entitled to act		of Nominatio
Thumb impression agree to disclose the nan Name Name Note: Only an Individual can Where deposit is made in the	witness Witness be nominated. name of the minor, the	es Mandatory in case Addr	Thumb imposes of Thumb imposess	ed Deposit Advice" Yes N		of Nominatio

Version - Sept 2017

Banks Seal and Signature