

FORM DA 1

Nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules ,1985 in respect of Bank's Deposit

I/We _____

_____/Name (s) and address(es)

nominate the following person of whom in the event of my/ our / minor's death the amount of the deposit , particulars where of are given below, may be returned by Shivalik Small Finance Bank Ltd. _____ Branch.

Nature of deposits _____

Distinguishing No. _____

Additional details if any _____

Nominee Name and Address:				
Name	Address	Relationship with depositor if any	Age	If Nominee is a minor, his/her date of birth

As the nominee is a minor on the date I/We appoint Shri /Smt. /Kum _____ (Name, address, age)

to receive the amount of the deposit in the account on behalf of the nominee, in the event of my/our/minor's death during the minority of the nominee.

Place _____

Date _____ (Signature (s)/Thumb impression(s) of depositor(s))

Name, Signature and Addresses of two witnesses, if thumb impressions obtained

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Acknowledgement

In respect of SB/FD/RF A/c No. _____

Received nomination form DA 1 from Shri/Smt _____

Date _____

For Shivalik Small Finance Bank Ltd.

Branch Manager

_____ Branch

