

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) and address (es) USE CAPITAL LETTER ONLY)

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

in respect

(name and address)

of _____

(give details of deposit)

Personal Details Of Your Witnesses(@)

Name :	1) _____	2) _____
Address :	_____	_____
Signature :	_____	_____
Place:	_____	_____
Date :	_____	_____

*Signature/Thumb impression
of 1st Applicant

*Signature/Thumb impression
of 2nd Applicant

*Signature/Thumb impression
of 3rd Applicant

* 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.

392/14.01.2013

We acknowledge receipt of cancellation request for nomination made by you in favour of:

Name of the nominee _____

with respect to your A/c. nos.

Yours faithfully,

Signature of bank official
with seal



We understand your world

Variation of nomination under sections 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) and address (es) USE CAPITAL LETTER ONLY)

cancel the nomination made by me/us in favour of

(Name, address & Contact no)

_____ and hereby

nominate the following person to whom in the event of my / our / minor's death the amount of me deposit, particulars whereof are given below may be returned by,

(name and address of branch / office in which deposit is held)

Deposit			Nominee				
Nature of Deposit	Distin-guishing No.	Additional details, if any,	Name	Address & Contact no.	Relation-ship with depositor if any	Age	If nominee is a minor, date of birth

As the nominee is a minor on this date, I/we appoint Shri/Smt/Kum _____
£ (name, address and age)

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

Personal Details Of Your Witnesses@

Name : 1) _____ 2) _____
Address : _____
Signature : _____
Place : _____
Date : _____

*Signature/Thumb impression
of 1st Applicant

*Signature/Thumb impression
of 2nd Applicant

*Signature/Thumb impression
of 3rd Applicant

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

£ Strike out if nominee is not a minor

@ Thumb impression shall be attested by two witnesses.



We understand your world

Acknowledgement - DA 3

Date : _____

We acknowledge receipt of request for change in nomination made by you in favour of:

Name of the nominee _____ Age: _____ years.

with respect to your A/c. nos. _____

Yours faithfully,