

## Form DA1

### 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 deposits

I/We, .....

..... [name(s) & address(es)]

nominate the following person to 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 CSB Bank Ltd.,..... branch.

Deposit			Nominee				
Nature of Deposit	Account Number	Additional Details if any	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 this date, I/we appoint Shri./Smt./Kum. ....

..... (name & address)

aged ..... years 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.

Whether nominee name to be displayed in TD receipt/advise/statement: ☐ Yes ☐ No

Place:

Date: \*Signature/#Thumb impression of depositor(s)

#Witnesses			
Name:		Name:	
Address:		Address:	
Signature:		Signature:	
Place:	Date:	Place:	Date:

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

\*\*Strike out if nominee is not minor. #Thumb impression shall be attested by two witnesses.

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### ACKNOWLEDGEMENT – DA1

CSB Bank Ltd., ..... branch

We acknowledge receipt of nomination made by you in favour of .....

(name of nominee), age ..... years, with respect to your Account Number .....

Yours faithfully,

Date:

Signature of Bank official with seal