

NOMINATION FORM DA - 1

Nomination under Sec. 45 ZA of the Banking Regulation Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank deposits.

I/We _____

Address _____

Nominate the following person to whom in the event of my / our / minors death the amount of deposit in the account particulars where of are given below may be returned by SBI

मधुआ शाखा 1099
BHABHUA BRANCH

Ph : 06189-223060 223224
(Name of branch where account is held) **DEPOSIT**

Nature of Deposit	Account No.	Additional details, if any

NOMINEE

Name _____

Address _____

Age _____ Date of Birth _____

Relationship with depositor _____

PHOTO

* As the nominee is a minor of this date, I/We appoint _____

Name (s) other than depositor (s)

Address and Age

to receive the amount of the deposit in the Account on behalf of the nominee in the in the event of my / our / minors death during the minority of the nominee.

Signature of witness

Name and address of witness

** Signature (s) of depositor (s)

*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 nominee is not a minor

Date: _____

STATE BANK OF INDIA

भभुआ शाखा 1099
BHABHUA BRANCH
Ph. : 06189-223060 223224

Date _____

Shri / Smt. / Kum. _____ Ph.: 06189-223060, 223224

NOMINATION FACILITY

Dear Sir / Madam

We acknowledge receipt of nomination made by you in favour of

Shri./Smt./Kum. _____

aged _____ yours in respect of your

[illegible]

Account Number. (SB/CA/TDR/STDR etc.)

Yours faithfully

Branch Manager