

FORM DA1- NOMINATION FORM

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.

1.I/We.....(name and addresses)

..... nominate the following person to whom in event if my/our/minor's death the amount of the deposit, particulars where of are given below, may be returned by The South Indian Bank Ltd Br.....

Details of Deposit			Nominee Details				
Nature of Deposit	Deposit Number	Addl. details if any	Name	Address	Relationship with the depositor if any	Age	If Nominee is a minor, DOB and age

2. + 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.

Place:

Date:

Signature(s) / Thumb impression(s) of depositor(s):

Name(s), signature(s) and address(es) of witness(es):

Note: + Strike out if the nominee is not a minor. 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 nominee.

Nomination can be registered only in name of one person, Only Individual and Sole proprietorship account to be permitted for nomination facility and nominee should be a natural person.

If the Party is affixing thumb impression, it should be attested by two witnesses and Manager/Asst.Manager

Office Use:

I hereby confirm that, the nomination acknowledgement is issued to account / deposit holder(s)

Name of Staff: ----- PPC: ----- Signature: -----

Acknowledgment – DA – 1

The South Indian Bank Ltd., _____ Branch
 We acknowledge the receipt of nomination made by you in:

Name of the Depositor(s)	
Account Number of the Depositor(s)	
Name of the Nominee	
Address of the nominee	

Date:

Manager/Asst.Manager
 For the South Indian Bank Ltd