

**NOMINATION FORM DA-1**

**(TO BE FILLED ONLY IF THIS FACILITY IS REQUESTED BY THE DEPOSITOR)**

Nomination under Section 45ZA 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 and 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, my by returned by.)

\_\_\_\_\_  
(Name and Address of branch/office in which deposit id held)

| <b>Deposit</b>                     | <b>Nominee</b>  |
|------------------------------------|---|
| Name : _____                       | Address : _____   |
| Nature : _____                     | _____   |
| Distinguishing No : _____          | Age : _____   |
| Additional details, if any : _____ | If nominee is a minor, his date of birth: _____   |
| _____                              | _____   |
| _____                              | ** As the nominee is a minor as on this date, I/We appoint Sri/Smt/Ku. _____  |
| _____                              | _____   |
|                                    | (Name, Address, 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

**WITNESSES**

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Signature : \_\_\_\_\_

Address : \_\_\_\_\_

Address : \_\_\_\_\_

\*\*\*\*\*

Nomination accepted and registered vide Regn. No

Dated

For CANARA BANK

Supervisor :

Office/Manager :

NOTE :

- \* Where deposit is made in the name of minor, the 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/s shall be attested by two witnesses.