

Nomination Details (Nomination Form DA-1)

Sl.No. _____

Nomination under sec.45 ZA of the Banking Regulation Act., 1949 and rule 2(1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposit

I / We nominate following person to whom in the event of my / our / minor's death, the amount of deposit outstanding in the account, may be returned by you.

CIF No. of Nominee		Age of Nominee
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Name & address of the Nominee	Date of Birth of Nominee, if he/she is a minor	D	D	M	M	Y	Y	Y	Y
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As the nominee is a minor on this date, I / We appoint Mr. / Ms. _____ age _____ years, residing at _____ to receive the amount of deposit on behalf of the Nominee in the event of my / our / minor's death during the minority of the nominee. (When a 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.)

Place:	The name of the Nominee may / may not be indicated in the Pass Book/ Statement of Account / Term Deposit Receipt. (Strike off which is not applicable)		
Date:			
	Signature / thumb impression of depositor No. - 1	Signature / thumb impression of depositor No. - 2	Signature / thumb impression of depositor No. - 3

WITNESS ^			
Witness No. 1	Name	Address	Signature
Witness No. 2	Name	Address	Signature

^ If the Depositor(s) put thumb impression(s), the same is/are to be attested by two witnesses

Acknowledgement

Serial No. _____	Nomination in favour of Mr./Ms. _____ has been registered in the books of the Bank on ____/____/____	(date)
Deposit A/C No.		For Allahabad Bank _____ Branch

Authorized Signatory