NOMINATION FORM DA1

Nomination under Sec. 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) residing at ______________________ ____________________________ (Address)
nominate the following person to whom in the event of my/our/minor’s death the amount of deposit in the account, particulars whereof are given below, may be returned by State Bank of India ________________________________
(Name of branch where account is held)

DEPOSIT
Nature of Deposit Distinguishing No. Additional details if any

NOMINATION
Name & Addresses Relationship with Depositor, if any Age If nominee is a minor his date of birth

As the nominee is a minor on this date, I/We appoint ________________________________ (Name) ________________________________ (Address) ________________________________ (Age)
receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/ minor’s death during the minority of the nominee.

Name Of Witness : ________________________________
Signatures of Depositors : ________________________________
Address of Witness : ________________________________
Signature of Witness : ________________________________
Place : ________________________________
Date : ________________________________

FOR BRANCH USE ONLY
Particulars of Form DA1 (if received) entered in Nomination Register Sr.No. _________
Dt. _________

Officer _________ Ledger Keeper _________