

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)

Deposit	Nominee
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.