

NOMINATION FORM DA 2



Live more,
Bank less

Cancellation of nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I/We _____

[name(s) and address(es)]

hereby cancel the nomination made by me/us in favour of _____

(name and address of the nominee)

Deposit		
Nature of deposit	Distinguishing No.	Additional details, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature / Thumb Impression*

1st Applicant Name

Signature / Thumb Impression*

2nd Applicant Name

Signature / Thumb Impression*

3rd Applicant Name

Place: _____

Date: _____

Witness 1	
Name _____	_____
Address _____	_____
_____	_____
Signature _____	Date _____

Witness 2	
Name _____	_____
Address _____	_____
_____	_____
Signature _____	Date _____

Note- *Thumb impression must be attested by two witnesses. No witnesses are required in case of signatures.