

NOMINATION FORM DA 2



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.

Acknowledgement for Nomination



We acknowledge the receipt of cancellation request for nomination made by you

Account Holder Name	Nature of the Account	Account Number
_____	_____	_____

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Bank Official with seal