

FORM DA 1
(Nomination Registration)

Nomination under Section 45ZA of the Banking Regulations Act, 1949 and Rule 2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I / We

(Name(s) and Address of Depositors)

Nominated the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by **State Bank of India**, Branch.

BANK DEPOSIT DETAILS

Nature of Deposit	Distinguishing A/c No	Additional Details, if any

NOMINEE DETAILS

Name	Address	Relationship With Depositor, if any	Age	Date of Birth (If Nominee is a Minor)

2. As the nominee is a minor on this date, I/We appoint Mr. /Ms. aged..... (Name, address and age of Guardian) 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:/...../20....

Signature(s)/Thumb impression(s) of Depositor(s)

(1) _____

(2) _____

Name(s), Signature(s) and Address of Witness(s)

FOR OFFICE USE ONLY

Nomination Registered in Deposit Account(s) with Nomination No.....

Branch /Service Manager