

Branch Name and Code: _____

Date: _____

Form DA 1

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	Address/es

nominate the following person to whom in the event of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be returned by Ujjivan Small Finance Bank Ltd., _____ Branch.

Details of the Account

Nature of the Account	Account Number	Additional Details if any

Nominee:

Name: _____

Address: _____

 Relationship with depositor (if any) Age Years

 Print Nominee Name# Y N #Depending upon the option selected here, nominee name will get printed/not printed on statements, passbooks etc.

 If nominee is minor his/her date of birth

*As the nominee is a minor on this date I/we appoint

Name: _____

Address: _____

 Relationship with minor* (if any) Age Years

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.

 **Signature(s)/Thumb impression(s) of depositor(s)

Witnesses: ***

1. Signature	2. Signature
Name: _____	Name: _____
Address: _____	Address: _____
Place: _____ Date: _____	Place: _____ Date: _____

*Strike out if nominee is not a minor.

**Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor

***Thumb impression(s) to be attested by two witnesses

Acknowledgment

I/We acknowledge the receipt of customer modification instruction pertaining to adding of nominee from Mr./Mrs. _____ relating to customer ID _____ under service request number _____

Date: _____

 Bank Official
 for Ujjivan Small Finance Bank Ltd. (Sign and seal)