UJJIVAN SMALL FINANCE BANK

Branch Name and Code: ____

Date:_____

Form DA 2

Cancellation of Nomination under Section 45ZA 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	Address/es

hereby cancel the nomination made by me/us in favour of: **Nominee:**

Name/s	Address/es

in respect of: Details of the Account

Nature of the Account	Account Number	Additional Details if any

Place:

Date:

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

Witnesses: **			
1.Signature		2.Signature	
Name:		Name:	
Address:		Address:	
Place:	Date:	Place:	Date:

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

*******Thumb impression(s) shall be attested by two witnesses.*

Acknowledgment

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I/We acknowledge the receipt of customer modification instruction pertaining to cancellation of nominee	from N	√r./Mrs.
relating to customer ID	under	service
request number		

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

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Date: _____