ujjivan SMALL FINANCE BANK

Branch Name and Code: _____

Date:_____

Form DA 3

Variation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I / We

Name/s	Address/es

cancel the nomination made by me/us in favour of

Name and Address	Relationship with depositor, if any	Age

and hereby nominate the following person to whom in the event of my/our/minor's death, the amount of deposit, particulars whereof are given below, may be returned by

Deposits

Nature of the Account	Distinguishing 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 [D][D][M][M][Y][Y][Y][Y]

*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 Name: Address: Place: Date:	2.Signature Name: Address: 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 change 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)