

NOMINATION FORM DA1

Nomination under Sec.45ZA of the Banking Regulations Act and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We _____

(Name & address)

nominate the following person to whom in the event of my/our/minor's death, the amount of deposit in the account, may be returned by City Union Bank Ltd.

| Nature of Deposit | Deposit Number | Remarks |
|-------------------|----------------|---------|
| | | |

NOMINEE

| Name & Address | Relationship with depositor | Age | If nominee is a minor his/her date of birth |
|----------------|-----------------------------|-----|---|
| | | | |

*As the nominee is a minor on this date, I/we appoint _____ to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

* _____

Name, Signature of witness & Address

* _____

+ Signature of Depositor

+ Where deposit is made in the name of a minor, the nomination should be signed by a person lawful entitled to act on behalf of the minor

Particulars of form DA1 (if received), entered in the Nomination Register Sr. No. _____ Dt. _____

Customer advised on _____ and acknowledgment received on _____

| Open | A/c Opened | | Date | Details of Cheque/DD/FDR etc. |
|----------------|------------|--|---------|-------------------------------|
| | | | | From _____ |
| BRANCH MANAGER | CLERK | | OFFICER | To _____ |