



CITY UNION BANK

Customer ID

Account No.

Nomination Registration

NOMINATION FORM No.DA-1

Nomination under section 45 ZA of the Banking Regulation Act 1949 and Rule 2 (1) Banking Compaines (Nomination) Rules 1985 in respect of Bank Deposit.

I / We

nominate the following person to whom in the event of my/our/minor's death the amount of the deposits particulars where of are given below may be returned by

City Union Bank Branch in which the deposit is held

Nature of Deposit	Deposit No.	Additional Details if any	Name and Address	Date of Birth	Age	Relationship with depositor if any	if Nominee is a Minor Guardian's relationship with minor

\$ As the nominee is a minor of the date, I/We appoint Shri. / Smt. /Kum. _____

Age. _____

(name, address & age) to receive the amount of the de-posit on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee.

Place : _____

Date : _____

* Signature (s) Thumb Impression(s) of depositor (s)

@ Name (s) Signature (s) and Address (es) of witness (es)

1. _____

2. _____

* Where deposit is made in the name of a minor the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
 \$ Strike out if the nominee is not a minor
 @ Thumb impression (s) shall be attested by two witness