

Date _____

NOMINATION FORM (Please submit in duplicate)
Deposit Account - Personal sole/joint/minor

For Bank's Use
Account / Receipt No.
Registration Serial No.

[Form DA1 : Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits]

1. NOMINATION :	
I / We [Enter name(s) and address(es) of account holder(s)]	
Name of account holder	Address
_____	_____
_____	_____
_____	_____
_____	_____
nominate the following person to whom in the event of my/our/minor's death(s) the amount of the deposit, particulars whereof are given below may be returned by	
BANK OF BAHRAIN & KUWAIT B.S.C. Jolly Maker Chambers-II, Ground Floor, 225 Nariman Point, Mumbai-400 021.	
PARTICULARS OF DEPOSIT	
Nature of Deposit //: _____	
Distinguishing Number \$: _____	
Additional details if any : _____	
NOMINEE	
Nominee's Name : _____	
Nominee's Age : _____	
Nominee's relationship with depositor, if any : _____	
If nominee is a minor, his / her date of birth : _____	
Nominee Address : _____	

// State 'Current Account', 'Savings Account', 'Time Deposit Account' 'Recurring Deposit Account' or as the case may be.

\$ State account number or receipt number as may be applicable.

2. APPOINTMENT OF GUARDIAN (Strike out this section if nominee is not a minor) ..

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum.

(Name) _____ Age _____

to receive the amount of the deposit on behalf of the nominee in the event of my / our / minor's death(s) during the minority of the nominee.

Guardian's Address : _____

3. SIGNATURE(S) / THUMB IMPRESSION(S) OF DEPOSITOR(S)*

S. V.

S. V.

S. V.

S. V.

Place : _____

Date : _____

4. WITNESSES @

Name of Witness _____

Address of Witness _____

Signature of Witness _____

Name of Witness _____

Address of Witness _____

Signature of Witness _____

* 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.

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

NB. : Any variation in or cancellation of the nomination shall be in the prescribed form under the signature of the Depositor and if more than one, then under the joint signature of all the Depositors and / or the Survivors of them as the case may be.

ACKNOWLEDGEMENT

Received the nomination and registered in the Bank's books at S. No. _____
Payment in terms of the nomination will be effected on the nominee furnishing his / her claim in the prescribed form. The Bank may at its discretion accept such claim or prescribe compliance of additional formalities before effecting payment.

For BANK OF BAHRAIN AND KUWAIT B.S.C.

Branch : _____

Date : _____

Authorised Signature :