

# DELETION OF HOLDER FORM



Please fill the form in Black Ink and in CAPITAL LETTERS

Date          
D D M M Y Y Y Y

## CUSTOMER DETAILS

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules 1985 in respect of the bank deposits.

I/We [Name(s)]   
  
  
 Landmark (If any)  City   
 State  Country  Pin Code

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

Name   
  
  
 Landmark (If any)  City   
 State  Country  Pin Code

## DEPOSIT DETAILS

Nature of deposit	Distinguishing No./Account No.	Additional details, if any

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

## SIGNATURE(S)

All Account Holders to sign

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of First Account Holder/ Authorised Signatory	Name of Second Account Holder/ Authorised Signatory	Name of Third Account Holder/ Authorised Signatory

## WITNESS(ES)#

Name   
  
  
 Landmark (If any)  City   
 State  Country  Pin Code

Name

Date        
D D M M Y Y Y Y

Signature

CB-BB/33/10-2015/0

Name

Landmark (If any)  City

State  Country  Pin Code

Name

Date

D D M M Y Y Y Y

Signature

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

**FOR BANK USE ONLY**

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official