

ADDITION OF NOMINEE

FORM DA1



Please fill in Black Ink and in CAPITAL LETTERS

Date

CUSTOMER DECLARATION

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

I/We [Name(s)]

Address(es)

City State

Pin Code

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

NOMINEE DETAILS

Customer ID (Incase an existing Account Holder)

Name of Nominee

Address

City State

Pin Code Relationship with Depositor, if any

Date of Birth of Nominee

DEPOSIT DETAILS

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

*As the nominee is a minor on this date I/we appoint Guardian

Shri/Smt./Kum. (Name) Age

Address

City State

Pin Code

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)

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

* 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.

WITNESS(ES)

1. Name

Address

City State

Pin Code

Place Date

D D M M Y Y Y Y

Signature

2. Name

Address

City State

Pin Code

Place 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