

# ADDITION OF NOMINEE

## FORM DA1



Please fill in Black Ink and in CAPITAL LETTERS

Date        
D D M M Y Y Y Y

### 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

Date of Birth of Nominee              
D D M M Y Y Y Y Mobile Number

### 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