

# NOMINATION FORM DA1

Nomination under Section 45ZA of the Banking Regulations Act 1449, and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.  
 I/We \_\_\_\_\_ nominate the following person to whom in the event of my/our/minor's death the amount of deposit, particulars where of are given below, may be returned by IndusInd Bank Ltd.  
 Branch. \_\_\_\_\_

Details of Deposit		Nominee				
Nature of Deposit & Distinguishing No.	Additional details, if any	Name	Address	Relationship with Depositor, if any	Age	If nominee is a minor, his/her date of birth

Print Nominee Name#  Yes  No

\*Depending upon the option selected here, nominee name will get printed/not printed on statements, passbook etc.

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum. (name & address) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.\*

Date:

Place: \_\_\_\_\_

\*\*Signature/Thumb impression  
of the depositor

### Witness(es)

Name: _____ _____ Address: _____ _____  <p style="text-align: right;">_____ Signature***</p>	Name: _____ _____ Address: _____ _____  <p style="text-align: right;">_____ Signature***</p>
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\* Where deposit is made in the name of a minor, the nomination must be signed by a person lawfully entitled to act on behalf of the minor.

\*\* Strike out if nominee is not a minor.

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



## ACKNOWLEDGEMENT

We acknowledge your nomination in form DA1 relating to Account No. \_\_\_\_\_ in the name of \_\_\_\_\_ held with us.

Ref. No.: \_\_\_\_\_

Date of Registration:

Manager: \_\_\_\_\_

