

Nomination*

- I/We do not wish to make a nomination for above account.
- FORM DA 1** 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.
- I/We nominate the following person to whom in the event of my/our minors death the amount of deposits the above account may be returned by Dhanlaxmi Bank Ltd, _____ branch.
- Please print the nominee name on the advice.

Title	Name of the Nominee	Is the nominee a existing customer	Nominee Cust ID	Relationship with the Depositor, if any	Date of Birth

Nominee Address: [Grid of boxes for address entry]

To be filled only in case the nominee is a minor

As the nominee is a minor on this date, I/We appoint the following person to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Title	Name	Age	Address

Witness Name _____ Witness Address _____

Date [D][D][M][M][Y][Y][Y][Y] Place _____

*Thumb impression(s) shall be attested by two witnesses. _____ Witness Signature _____ Signature(s)/ Thump Impression(s) of Applicant(s)

DECLARATION - to be filled only incase of a minor

I _____ hereby declare that the date of birth of _____ (name of the minor), who is my _____ (relationship) is _____ and I am his/her natural/lawful guardian appointed by the court order dated _____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I indemnify the bank against any claim of the above minor for any transaction/ withdrawal made by me in his/her account.

Signature of the Guardian

For Branch use only

I hereby confirm that the fixed deposit form is complete in all respect, relevant document have been obtained & the customer is KYC compliant

Account Sourcing Date: [D][D][M][M][Y][Y][Y][Y] SBU RMs ID: [Grid] LG Code: [Grid]

Sourcing Staff Emp/POA No.: _____ Name : _____ Signature: _____

Verifying Officer Emp/POA No.: _____ Name : _____ Signature: _____

For RPC use only

I/W Date: [D][D][M][M][Y][Y][Y][Y] Date Of Cr in the routing A/C [D][D][M][M][Y][Y][Y][Y] Updation of Signature for Ex. ID [Grid]

I/W. No. _____ Cust.ID: Existing New [Grid] A/c opened before 01/01/2007

A/C Opening	Value Date:		Signature - Teller
	Account Opening Date:		
	Account No.:		Signature - Officer
	PAN no. updation		
	Sign & Photo scanning/Linking		
TD Pay in	Tr. From GL/CASA:		Signature - Teller
	Int: Compounding:	Rate Of int:	Signature - Officer
	Mat. Value:	Mat. Date:	
	Interest payout freq.		
Nominee	BA438		Signature - Teller
	BAM64		
Multiple payout	TD039		Signature - Officer
L. G. Code	TDM05		
SI-Recurring Dep.	CHM31		
TDS Waiver	TDS03		Local Authorization
Updation in I/W Reg:			