

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

I/We _____ (name(s) and address(es) nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the account, particulars whereof are given, may be returned by Development Credit Bank Limited, _____ (name of branch where account is held).

Nature of Deposit	Account No.	Additional details, if any	
Name & Address of Nominee	Relationship with Depositor, if any	Age	Date of Birth of Nominee (if minor)*

* As the nominee is a minor on this date, I / We appoint Mr./Ms. _____ (name, address & age) to receive the amount of the deposit in the Account on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Witnesses:

Name and Address	Name and Address
Signature	Signature
Place and Date:	Place and Date:

****Signature(s) – to be signed by all the joint account holders**

*Not applicable if nominee is not a minor

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

FOR OFFICE USE ONLY

Nomination Serial No. _____

Date: _____


 Signature(s) of Bank Officials

ACKNOWLEDGEMENT

Name	Cust ID

Received NOMINATION Form DA1 for A/c No.(s) _____

Signature & Date Receipt Stamp

 **DCB 24-Hour Customer Care**
 Email customercare@dcbbank.com
 Call 3281 1322 ■ Toll Free 1800 209 5363
 Website www.dcbbank.com