

Application Date						
I. DA-1 NOMINATION						
Nomination facility to I/We nominate the follothe deposit in the accordance in the a	wing person whose	particulars are given	below, to whom in	ollowing particulars n the event of my / our dea	th the amount of	
Nominee Aadhaar No						
Nominee Name Nominee Address				Relationship with depositor, if any	Age (years)	
☐ If Nominee is a mind	or, please fill the follo	wing details: Date of	birth \[\] \[\] / \[\] /			
As nominee is a minor	on this date, I/we ap			age) to receive the amount	of the deposit on	
behalf of the nominee i	n the event of my / o				of the deposit on	
Signature / Thumb impression of 1st Applicant** Signature / Thum 2nd App				Signature / Thumb impressio 3rd Applicant**	n of	
Witness details (Thumb impression(s) to be attested by two witnesses)						
1. Signature			2. Signature			
Name			Name			
Address			Address			
Place:	Date:		Place:	Date:		
II. DECLARATION						
☐ I / We hereby conf	irm that the contents	s of the 'A-1', 'A-2', A	A-3 Form(s), as ap	oplicable, including the Ter	ms & Conditions	
have been understood by me / us and the same has been explained to me / us in local language.						
Signature / Thumb impression of 1st Applicant 2nd App				Signature / Thumb imprea	ssion of	
Name Name				Name		
Date				Date		
FOR BANK USE ONLY				Request No.		
☐ I hereby certify that have understood the sa		contents of Accour	nt Opening Form in	n local language and the a	applicant(s) has /	
CIF ID No. 1		F ID No. 2		CIF ID No. 3		
Name of the Bank Auth	norized Official			Official ID		
				Official ID		