

Form DA1- Nomination Form

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

I/We _____ (Name)
residing at _____

(Address) 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 below, may be returned by Bank of Maharashtra _____ branch

Name of Addressee of the nominee	Relationship with Depositor, if any	Age	Date of Birth of Nominee

As the nominee is a minor on this date, I/We appoint _____ (Name) _____

_____ (Address) _____ (Age) _____

_____ (Account No of Nominee if having account with Bank of Maharashtra)

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..

or

I/We do not wish to keep Nomination

Signature(s)/ Thumb impression of Depositors

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

Personal details & Signature of witness:

1. Name _____

Address _____

Sign _____

Place & Date _____

2. Name _____

Address _____

Sign _____

Place & Date _____

