



Form DA 1

Nomination under Section 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/s	Address/es

nominate the following person to whom of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be returned by IDBI Bank Ltd., _____ Branch.

Details of the Account

Nature of the Account	Account Number	Additional Details, if any

Nominee:

Name: _____

Address: _____

Relationship with depositor (if any) _____

Age _____ .

If nominee is minor his/her date of birth ___/___/____.

*As the nominee is a minor on this date I/we appoint

Name: _____ Age: _____

Address: _____

to receive the amount of the deposit on behalf of the nominee in the event of my/own/ minor's death during the majority of the nominee.

**Signature(s)/Thumb impression(s) of depositor(s)

Witnesses: ***

1.

Name: _____
Signature ***

Address: _____ Place: _____ Date: _____
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2.

Name: _____ Signature *** Address: _____ Place: _____ Date: _____
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*Strike out if nominee is a not a minor.

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

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

Acknowledgement

We acknowledge your Nomination Form DA1 relating to:

Nature of the Account	Account Number	Additional Details, if any

In the name of _____ held with us. Please quote the Nomination Number _____ in all your future correspondence with us in this regard.

For IDBI Bank Ltd.

Authorised Signatory