

DA1 - DEPOSIT AND ACCOUNT NOMINATION FORM



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 in the event of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be paid by Jana Small Finance 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: Years Date of birth:

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

Name : Address:

Relationship with minor#: Father/Mother/Court Appointed Guardian, aged years, to receive the amount of the deposit on behalf of the nominee in the event of my/our/ minor's death during the minority of the nominee.

(Signature(s) / Thumb impression(s) of Depositor(s))

Account Holder 1 Signature/Thumb impression

Account Holder 2 Signature/Thumb impression

Account Holder 3 Signature/Thumb impression

Account Holder 1 CRN

Account Holder 2 CRN

Account Holder 3 CRN

Witness (Only in case of thumb impression)

Signature 1 :	
Name :	
Address :	
Place :	Date:

Signature 2 :	
Name :	
Address :	
Place :	Date:

*Strike out if nominee is a not a minor. # In case of a court appointed guardian, please furnish a copy of the court order

For Branch Use Only

Nomination registered in the Account No.....Registration No.....Date.....

Signature of depositor/s verified

Branch Operations Manager.....

Acknowledgement

We acknowledge your nomination form DA1 relating to:

Nature of Account	Account No.	Additional details, if any(nomination registration no and date)

In the name of held with us.

For Jana Small Finance Bank

Authorized Signatory