

Cancellation of nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2 (5) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I/We

Name/s	Address/ es

hereby cancel the nomination made by me/us in favour of

Name and Address	Relationship with depositor, if any	Age

in respect of

**Deposits**

Type	Account No.	Additional Details, if any

**Personal Details Of Your Witnesses@**

Name : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
Address : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Place: \_\_\_\_\_  
Date : \_\_\_\_\_

\*Signature/Thumb impression of 1st Applicant

\*Signature/Thumb impression of 2nd Applicant

\*Signature/Thumb impression of 3rd Applicant

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

@ Thumb impression(s) shall be attested by two witnesses.

We acknowledge receipt of cancellation request for nomination made by you in favour of:

Name of the nominee \_\_\_\_\_

with respect to your A/c. nos. \_\_\_\_\_

Yours faithfully,

Signature of bank official  
with seal



Variation of nomination under sections 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I/We

Name/s	Address/ es

hereby cancel the nomination made by me/us in favour of

Name and Address	Relationship with depositor, if any	Age

And hereby nominate the following person to whom in the event of my/our/minor's death, the amount of deposit, particulars whereof are given below, may be returned by \_\_\_\_\_

**Deposits**

Type	Account No.	Additional Details, if any

Nominee Details	(USE CAPITAL LETTER ONLY)		
Name: _____	Relationship with Depositor, if any	Age	Date of Birth of Nominee
Address: _____			
District _____ City _____ State: _____			
Pin Code _____ Country: _____			

As the nominee is minor/on this date, I/We appoint Name \_\_\_\_\_  
Address \_\_\_\_\_

Relationship with minor \*: \_\_\_\_\_ Age : \_\_\_\_\_

To receive the amount of the deposit on behalf of nominee in the event of nominee in the event of my/our/minor's death during the minority of the nominee

**Personal Details Of Your Witnesses@**

Name :	1) _____	2) _____
Address :	_____	_____
Signature :	_____	_____
Place :	_____	_____
Date :	_____	_____

\*Signature/Thumb impression  
of 1st Applicant

\*Signature/Thumb impression  
of 2nd Applicant

\*Signature/Thumb impression  
of 3rd Applicant

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

£ Strike out if nominee is not a minor

@ Thumb impression shall be attested by two witnesses.

992/16.05.2022

**Acknowledgement - DA 3**

Date : \_\_\_\_\_

We acknowledge receipt of request for change in nomination made by you in favour of:

Name of the nominee \_\_\_\_\_ Age: \_\_\_\_\_ years.

with respect to your A/c. nos. \_\_\_\_\_

Yours faithfully,

Signature of bank official with seal