

FORM DA1

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 returned by India Post Payments Bank Ltd., _____ Branch

Details of the Account

| Nature of Account | Account Number | Additional Details, if any |
|-------------------|----------------|----------------------------|
| | | |

Nominee:

Name: _____

Address: _____

Relationship with the Depositor (if any) _____ Age : _____ Years

If Nominee is a minor his/her Date of Birth: _____ (dd/mm/yyyy)

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

Name: _____

Address: _____

Relationship with Minor*: _____ Age : _____ 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.

Date: _____

Place: _____

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

Witnesses ***

| | |
|-------------------------------------|-------------------------------------|
| Signature | Signature |
| Name : | Name : |
| Address : | Address : |
| Place : Date : | Place : Date : |

**Strike out if nominee is a not a minor.*

*** Where deposit is made in the name of a minor the 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

To
Shri/Smt/M/s _____

Branch :

Date :

Dear Sir/Madam

REG : Nomination in respect of your account no. with us.

We acknowledge receipt of your letter of nomination dated _____ authorising Shri/Smt _____ to receive the amount of the aforesaid deposit kept in A/c no _____ with us.

Yours Faithfully

MANAGER