







(ii) In case of introduction, given by Indian Embassy/High Commission/Consulate/Notary Public etc, a communication (in duplicate) shall be sent thanking them for introducing the customer, and also for returning one copy of the communication, to ascertain the authenticity of the attestation of signatures.

**17. Nomination**

Nomination required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please fill in the following particulars
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**FORM DA-1-Nomination** under section 45 ZA 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) and address (es), 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 ..... (name and address of branch / office in which deposit is held)

Deposit			Nominee				
Nature of	Distinguishing No	Addition al details, if any	Name	Address	Relationship With depositor, if any	Age	If nominee Is a minor, his date of birth

As the nominee is a minor on this date, I/We appoint Mr./Mrs./Ms.....(name, address and age) to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place.....

Date.....

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

**Name (s), Signature (s), and Address (es) of witness (es)**

**18. FOR OFFICE USE**

(i)

ATM CUM DEBIT CARD NO			
Date of Issue			
Customer's Classification			

(ii)

	<b>Introducer's Signature Verified by</b>	<b>Customer's Signature attested by</b>	<b>Creation of Customer Master Data Authorised by</b>	<b>Customer's classification confirmed &amp; Account opened by</b>
Name				
GBPA No				
Date				
Signature				