

Appendix: (I) - I

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 in the event of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be returned by SBM Bank India 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/our/ minor's death during the minority of the nominee.

**Signature(s)/ Thumb Impression(s) of Depositor(s)

Witnesses: ***

1. Signature Name: Address: Place: _____ Date: ____ / ____ / ____	2. Signature Name: 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 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.