



Bank of Baroda

(Head Office, Mandvi, Baroda.)



Branch : _____

FORM DA 1

Nomination under section 45ZA of the Banking Regulation Act, 1949 and 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I
 WE _____ (name and address)

nominate the following person to whom in the event of my/our/minor/s death the amount of the 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 A/c.	Distin- guishing No.	Additional details if any	Name	Address	Rela- tion ship with deposi- tor, if any	Age	If No- minee is a minor, date of Birth

2. As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum..... (name, address and age)

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.

Place : _____
 Date : _____ * Signature(s) / Thumb impression (s) of depositor (s)

Name(s), signature (s) and address(es) of witness(es) @ _____

Where deposit is made in the name of a minor, the nomination should be signed by a person law fully entitled to act on behalf of the minor.

Strike out if nominee is not a minor.

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