

FOR BRANCH USE: Branch Code: _____

Receipt Date: ___/___/___ Action Taken on: ___/___/___

Signature _____



Request for Nomination (Form DA – 1) in NRE/NRO/FCNR (B) account

NRI-7

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 & address of depositor> _____

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 State Bank of India <name & address of the branch in which deposit is held> _____

Details of Deposit*	Type of Deposit	Account Number	Additional Details (if any)

Details of the Nominee*			
Name		Date of Birth	
Relationship with depositor		Address	
City		State	
Pin		Country	

As the nominee is a minor on this date, I/We appoint Shri./Smt./Kum. _____
age: _____ years, residing at _____
_____ 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.

Date: _____

Place: _____

Signature of 1 st Applicant*	Signature of 2 nd Applicant*
---	---

Signature / Thumb impression of 1 st witness** Name: _____ Address: _____	Signature / Thumb impression of 2 nd witness** Name: _____ Address: _____
--	--

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

** Thumb impression (s) shall be attested by two persons.

Customer Acknowledgement Copy (To be returned to the customer, if submitting it in the person)

A/c No: _____ A/c Holder Name: _____

Type of request: Request for Nomination (Form DA – 1)

Date of receipt: ___/___/___

Signature of authorised official _____

Branch Seal & Stamp

--