





If either or Survivor (or) joint A/c obtain declaration separately in another form from each person.

- 1) Name of the person.
- 2) Address

- If Minor
- a) Date of birth of minor
  - b) Name of the Guardian
  - c) Relationship
  - d) Address :

\* (Note) KYC norms to be strictly followed :

**Specimen Signature of Applicant :**

1.
2.
3.

1.
2.
3.

**Specimen Signature of Guardian :**

1.
2.
3.

KYC Complied :      Yes       No

**S.A**

**Asst. Manager**

**Manager**

**12. Introduction :**

I know the applicant/s personally for a period of \_\_\_\_\_ year(s) and confirm correctness of occupation and address as stated in the application.

SB A/C No. :

Name of the Introducer

**Signature of introducer**

Date :

**S.A.**

**Asst.Manager/Manager**

**Authorized Signatory**



**GDCC Bank Ltd., TENALI**

**Acknowledgement**

**Branch Code :**

**Name :** \_\_\_\_\_

**Date :**

Account No ..... Name of the Depositor ..... Nomination in favour of ..... dated ..... has been registered in the Books of the Bank.

Kindly note that notwithstanding the fact this deposit is freely repatriable during your life time, repatriation of proceeds to the non-resident nominee would be subject to the approval of the RBI and the relevent exchange control regulation in force form time to time (Applicable in case of NRE / FCNR account only)

**For Guntur DCC Bank, Ltd.,**

Branch .....

Date : .....

**Passing Officer / Manager**

**13. NOMINATION DETAILS (FORM DA1) (ONLY ONE INDIVIDUAL NOMINEE PERMITTED)**

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) \_\_\_\_\_ (Address)

\_\_\_\_\_ nominate the following person to whom in the event of my / our / minor's death the amount of deposit in the above account, may be returned by GDCC BANK Ltd., Tenali.

Name \_\_\_\_\_

Address : Same as primary applicant : \_\_\_\_\_

If different from primary applicant \_\_\_\_\_

Relationship with depositor, if any \_\_\_\_\_ Age \_\_\_\_\_ Years if nominee is a minor, his / her date of Birth : \_\_\_\_\_.

\* As the nominee is a minor on this date, I / We appoint (name) : \_\_\_\_\_

\_\_\_\_\_ Relationship with Minor\* \_\_\_\_\_

Address : Same as primary applicant : \_\_\_\_\_

If different from primary applicant \_\_\_\_\_ 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.

1.

2.

Signature of Witness \_\_\_\_\_

\*\*Signature of primary depositor \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Signature of joint holder(s) \_\_\_\_\_

\* Strike out if nominee is not a minor \*\*Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

---