

NOMINATION FORM



Yes No Nomination under section 45ZA of the Banking Regulation Act, 1949, and the Rule 2(1) of The Banking Companies (Nomination) Rules 1985, in respect of bank deposits

I/We _____ Address(es) _____

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 AU Small Finance Bank Ltd.

Nature of Deposit _____ Distinguishing No. _____

Additional details, if any _____

Nominee Name (F i r s t N a m e) _____ (M i d d l e N a m e) _____ (L a s t N a m e) _____

Address _____

City _____ **Pin Code** _____ **State** _____

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 Shri/Smt./Kum,* _____
(Guardian Name)

Relation with Minor Nominee _____

Address _____
Guardian Address _____
Guardian Address _____

City _____ **Pin Code** _____ **State** _____

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.

Nominee name to be printed on the Statements / Advices Yes No

Date & Place _____

Depositor
Signature
Thumb Impression(s)

Depositor
Signature
Thumb Impression(s)

Depositor
Signature
Thumb Impression(s)

Signature of First Witness***

Signature of Second Witness***

*Strike out if nominee is not a minor ***Thumb impression(s) shall be attested by two witnesses.
Note : 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.

For bank use only

To be filled by the sourcing staff

I confirm that I have personally met the customer and the customer has signed the FCNR(B) deposit opening form in my presence. The signature has been verified from bank records and is as per the MOP in the account

To be filled by the BOSM/BM, post below authorization

All information (incl. Name and/or signature variation), as specified in the FCNR(B) deposit opening form have been verified & found to be correct. I authorize the mentioned account(s) to be opened

LG Code (To be filled by the LG)

LC Code (To be filled by the LC)

Product Code

Lead Number

Deposit Value Date

Nomination done? Yes No

Branch Code

Branch Name _____