ADDITION OF NOMINATION (Form DA 1)

AU SMALL FINANCE BANK

All Fields are mandatory

CUSTOMER DETAILS

Date D D M M Y Y Y Y Customer ID Branch Code (For office use only)

Customer Name PREFIX FIRST MIDDLE LAST NAME

Account No.

INSTRUCTION DETAILS

Nomination under this Section 45 ZA of Banking Regulations Act 1949, and Rule 2(1) of Banking Companies (Nomination) Rules 1985 in the respect of Bank Deposit. I/We nominate the following to whom in the event of my / our / minor's death the amount of the above opened Account/Fixed Deposit/Recurring Deposit may be returned by AU Small Finance Bank

The nomination will be applicable for ☐ Savings Account ☐ Current Account ☐ Fixed Deposit ☐ Recurring Deposit ☐ *Staff **OR** ☐ *Related to Staff Employee Code _____ ☐ No (if applicable)

***Personal Details of Nominee**

*Name PREFIX FIRST MIDDLE LAST NAME

ADDRESS

*Address Line 1

Address Line 2

*District *City

*State *PIN Code *Country

Email ID (In Capital Letters)

*Mobile No +91 *DOB D D M M Y Y Y Y *Age PAN

Aadhaar No. Relationship with the Depositor, If any

^As the nominee is a minor on this date, I appoint...

Name PREFIX FIRST MIDDLE LAST NAME

ADDRESS

*Address Line 1

Address Line 2

*District *City

*State *PIN Code *Country

Email ID (In Capital Letters)

*Mobile No +91 Age *Relationship with Nominee

...to receive the amount of the deposit in the account, on behalf of the nominee, in the event of my/minor's death during the minority of the nominee.

Personal Details of the Witness (Thumb impression shall be attested by 2 Witnesses)

Witness 1 Name _____

Address _____

Signature _____

Place _____ Date _____

Witness 2 Name _____

Address _____

Signature _____

Place _____ Date _____

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

First Applicant | Second Applicant | Third Applicant

AU SMALL FINANCE BANK LTD. CUSTOMER ACKNOWLEDGEMENT SLIP - ADDITION OF NOMINATION (for bank use)

Received From _____ Account Number

Service instruction No _____ Name of Bank Staff _____

Date _____ Bank Staff Signature _____