

CANCELLATION OF NOMINATION (Form DA 2)



Cancellation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

All Fields are mandatory

CUSTOMER DETAILS

Date Customer ID Branch Code (For office use only)

Customer Name

Account No.

INSTRUCTION DETAILS

I/We wish to cancel the nomination made by me/us, in respect of the account mentioned above, in favour of:

*Personal Details of Nominee

*Name

ADDRESS

*Address Line 1

Address Line 2

*District *City

*State *PIN Code *Country

Email ID (In Capital Letters)

*Mobile No +91 *DOB *Age PAN

Aadhaar No. Relationship with the Depositor, If any

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

Witness 1 Name _____ Witness 2 Name _____

Address _____ Address _____

Signature _____ Signature _____

Place _____ Date _____ Place _____ Date _____

**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 - CANCELLATION OF NOMINATION (for bank use)

Received From _____ Account Number

Service instruction No _____ Name of Bank Staff _____

Date _____ Bank Staff Signature _____