

VARIATION OF NOMINATION (Form DA 3)

Variation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

All Fields are mandatory

CUSTOMER DETAILS

Date	<input type="text" value="DDMMYYYY"/>	Customer ID	<input type="text"/>	Branch Code	<input type="text"/>	(For office use only)
Customer Name	<input type="text" value="PREFIX"/>	<input type="text" value="FIRST"/>	<input type="text" value="MIDDLE"/>	<input type="text" value="LAST"/>	<input type="text" value="NAME"/>	
Account No.	<input type="text"/>					

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	<input type="text" value="PREFIX"/>	<input type="text" value="FIRST"/>	<input type="text" value="MIDDLE"/>	<input type="text" value="LAST"/>	<input type="text" value="NAME"/>	
ADDRESS	*Address Line 1	<input type="text"/>				
	Address Line 2	<input type="text"/>				
	*District	<input type="text"/>			*City	<input type="text"/>
	*State	*PIN Code	<input type="text"/>			*Country
Email ID (In Capital Letters)	<input type="text"/>					
*Mobile No +91	<input type="text"/>	*DOB	<input type="text" value="DDMMYYYY"/>	*Age	<input type="text"/>	
Aadhaar No.	<input type="text"/>	Relationship with the Depositor, If any <input type="text"/>				

...and hereby nominate the following person to whom in the event of my/our/minor's death the amount of deposit may be returned

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** Employee Code No (if applicable) *Related to Staff

*Personal Details of Nominee

*Name	<input type="text" value="PREFIX"/>	<input type="text" value="FIRST"/>	<input type="text" value="MIDDLE"/>	<input type="text" value="LAST"/>	<input type="text" value="NAME"/>	
ADDRESS	*Address Line 1	<input type="text"/>				
	Address Line 2	<input type="text"/>				
	*District	<input type="text"/>			*City	<input type="text"/>
	*State	*PIN Code	<input type="text"/>			*Country
Email ID (In Capital Letters)	<input type="text"/>					
*Mobile No +91	<input type="text"/>	*DOB	<input type="text" value="DDMMYYYY"/>	*Age	<input type="text"/>	
Aadhaar No.	<input type="text"/>	Relationship with the Depositor, If any <input type="text"/>				

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

Name	<input type="text" value="PREFIX"/>	<input type="text" value="FIRST"/>	<input type="text" value="MIDDLE"/>	<input type="text" value="LAST"/>	<input type="text" value="NAME"/>	
ADDRESS	*Address Line 1	<input type="text"/>				
	Address Line 2	<input type="text"/>				
	*District	<input type="text"/>			*City	<input type="text"/>
	*State	*PIN Code	<input type="text"/>			*Country
Email ID (In Capital Letters)	<input type="text"/>					
*Mobile No +91	<input type="text"/>	Age	<input type="text"/>	*Relationship with Nominee	<input type="text"/>	

...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.

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

Received From _____	Account Number <input type="text"/>
Service instruction No _____	Name of Bank Staff _____
Date _____	Bank Staff Signature _____

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

