## FORM DA 1

relating to Account No.

Date D D M M Y

The necessary changes will be carried out in Banks records only for the account mentioned above.

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.



For Shivalik Small Finance Bank

I/We				
*Name(s)				
Address(es)				
,				
nominate the	e following person to whom i	in the event of my/our/minor's death the	e amount of the deposit, particulars whereo	f are given
	be returned by	-	n/office in which deposit is held)	
Deposit				
Nature of d	eposit			
Distinguish				
_	details, if any			
Nominee				
Name				
Address	ı			
Relationshi	p with depositor, if any			
Age	If nominee is	a minor, date of birth DDMMMY	YYY	
	inee is a minor on this date,	I/we appoint Shri / Smt / Kum**		
Name				
Address			Age	
	•	_	our / minor's death during the minority of the	nominee.
	ame to be printed on the Sta	atements/Advices	0	
Date D D	7   101   101   7   7   7   7	- Idoe		
Signature	(s) / Thumb Impression(s)*	**		
		<b>∠</b> □	<b>€</b> n	<b>£</b> 1
	First Depositor	Second Depositor	Third Depositor	
Witness**	**			
Name				
Address				
		<b>L</b> o		<b>€</b> 1
Signature	First	t Witness	Second Witness	-
* Nomination	facility is available for individual	as well as joint deposit accounts with or with	hout "Either or survivor" mandate.	
*** Where dep	nominee is not a minor. cosit is made in the name of a min n by two witness is required only	nor, the variation of nomination should be sig y for Thumb Impression(s). Signatures need	ned by a person lawfully entitled to act on behalf on not be witnessed.	of the minor.
		Acknowledgement Slip	0	
	vledge the receipt of 'Nominal	ation' Form DA1 from		
Mr/Mrs/Ms				