

**Form DA 1**

**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.**

I/We \_\_\_\_\_

**[(name(s) and address(es))]**

nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars where of are given below, may be returned by Fincare Small Finance Bank Ltd. \_\_\_\_\_ Branch.

Details of Deposit		Nominee				
Nature of Deposit & Distinguishing No.	Additional details, if any	Name	Address	Relationship with Depositor, if any	Age	If nominee is a minor, his / her date of birth

As the nominee is a minor on this date, I / We appoint Mr. / Mrs. / Ms. \_\_\_\_\_

\_\_\_\_\_ (Name, address and 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 nominee.

Place:

Date:

\* Signature (s) / Thumb impression (s) of the depositor (s)

**Witness (s) #**

Name _____	Name _____
Signature _____	Signature _____
Address _____	Address _____
_____	_____