

NOMINATION DETAILS (FORM DA1)

Nomination under Section 45ZA of the Banking Regulation Act, 1949, and Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect of bank accounts.

Advantages of Nomination: The Bank recommends that all customers avail of the nomination facility. The nominee, in the event of the death of the customer/s, would receive the balance outstanding in the account. Nomination facility is intended only for individuals. There cannot be more than one nominee in respect of single/joint account. This is also applicable to deposits having operating instructions "Either or Survivor". It may be noted that in the case of a joint account, the nominee's right arises only after the death of all the holders.

- THE NOMINEE OR GUARDIAN (WHERE APPLICABLE) SHOULD NOT BE ANY OF THE APPLICANTS TO THE ACCOUNT.
- PLEASE SELECT AND COMPLETE EITHER 'YES' OR 'NO' FROM BELOW.

Yes, I/We nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit in the account may be returned by Citibank, N.A. India.

Deposit / Account No(s)

Name of the Nominee
 Mr. Miss Mrs.

Address

Relationship of the Nominee with Account Holder

(The nominee would need to be a close relative. In case the nominee is not a relative, please complete below declaration).

I/We confirm that the person I/We are nominating is not a close relative and I/We are aware that the balance outstanding in the account will be passed onto the person being nominated in case of my/our death.

Please complete below in case the Nominee is a minor as on date.

Date of Birth of the Nominee

As the nominee is a minor on this date, I/We appoint (strike out if nominee is not a minor)

Name of guardian

Address

to receive the amount of money in the Account on behalf of the nominee in the event of my/our/minor's death (if the nominee is still a minor).

NO, I/We would not like to assign a nominee because:

I/We have read and understood the "Advantages of Nomination" above. However, I/we do not wish to nominate any person on my deposit, I/we confirm and agree that I take complete responsibility for any issues arising due to the same later.

Please ensure that all the relevant details in the form, with the exception of the fields that are designated "For Bank Use Only", are duly completed (or struck out, if not applicable) prior to affixing your signature to this form.

Signature(s) of depositor(s)

ALL HOLDERS IN THE DEPOSIT / ACCOUNT (S) NEED TO SIGN THIS FORM

Name of depositor(s)

Date

Place

