

FORM DA1

Nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 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 deposit in the account, particular whereof are given below, may be returned by Shinhan Bank, _____.

Nature of Deposit	Account No.	Additional Details, if any

Personal Details of your Nominee

Name & Address of Nominee	Relationship with Depositor, If any	Age	Date of Birth of Nominee (If Nominee is a minor his/her date of birth dd/mm/yyyy)

*As the nominee is a minor on this date, I/We appoint _____

(Name, Address & Age)

to receive the amount of deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Date: _____

Place: _____

@Signature / # Thumb impression of the Depositors (s)

*strike out 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 behalf of the nominee.

Date: _____

Place: _____

Witnesses details:

Name		
Address		
Signature		
Place & Date		

Thumb impression(s) to be attested by two witnesses.

Acknowledgement

Reg: Nomination in respect of your account no. _____

We acknowledge receipt of your request of nomination dated _____ authorizing _____ to receive the amount of the aforesaid deposit kept in account no. _____ with us.

Branch Official Stamp / Signature