

Nomination No.:

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 Deposits.

I/we (Names) residing at (Address) nominate the

following person to whom in the event of my/our/minor's death, the amount of deposit in the account, particulars whereof are given below may be returned by **TMB**

Branch.

Details of the Deposit

Details of the Nominee

Nature of the Deposit	Additional Details if any	Name	Address	Relationship with the Depositor, if any	Age	Date of Birth (In case of minor)
						<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>

As the Nominee is a minor on this date, I/we appoint (Guardian's Name)

(Relationship with the minor)

, (Address)

(Age) to receive the amount of the Deposit in the account on behalf of the Nominee in the event of my/our/minor's death during the minority of the Nominee.

Signature of the 1st Witness*	Signature of the 2nd Witness*	Signature of the Depositor
1st Witness' Name:	Name :	
Address:	Address :	
2nd Witness' Name:		
Address:	Date :	
Date:		
Place:		
*In case of an illiterate person		Signature of the Joint Holders:

For Office Use

I hereby certify that this Account Opening form is complete in all respect. All KYC checks have been completed and relevant documents have been obtained. The account may please be set up in Core Banking System.

For Triangle Group

Signature of the Branch Head/Asst. Branch Head
with Emp. No./S.S. No.

Date :

D

D

M

M

Y

Y

Y

Y

