



FORM DA 1

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

I/ We Son/Daughter/Wife of

Address:

nominate the following person, who shall receive the amount of the deposit in the event of my / our / the minor's death, from Chhattisgarh Rajya Gramin Bank, Branch:, as per details below:

Deposit Details

Type of Deposit	Account Number	Additional Details (if any)

Nominee Details

Name	
Address	
Relationship with Depositor (if any)	
Age	
Date of Birth (if nominee is a minor) **	

2. ** Since the nominee is a minor as on date, I/We appoint Shri / Smt.
..... (Name, Address, and Age of the Guardian)
aged, 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 the nominee.

Place:

Date: * Signature / Thumb impression of Depositor(s)

Witnesses:

1. Signature: Name: Address: Place: Date:	2. Signature: Name: Address: Place: Date:
---	---

*Thumb impression must be attested by two witnesses.

For Office Use Only

Nomination Registration No.: Date of Registration:

Signature of A/c Holder: Branch Manager/ Authorized Signatory: