



**Form for Cancellation of Nomination**

**FORM DA 2**

**Form for Cancellation of Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits**

I/ We

Name	Address

hereby cancel the following nomination made by me / us in respect of the deposit detailed below:

**Nominee (to be cancelled)**

Name	Address

**Deposit Account Details**

Account type	Account no.	Other Details (if any)

Place:

Date:

\* Signature / Thumb Impression of Depositor(s)

\*\* Witnesses:

1. Signature Name: Address:  Place:                      Date:	2. Signature Name: Address:  Place:                      Date:
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\*If the deposit is in the name of a minor, the person who is legally authorized to act on behalf of the minor shall sign this form.

\*\*If a thumb impression is affixed, it 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: .....