SURYODAY
A BANK OF SMILES

SURYODAY SMALL FINANCE BANK LIMITED

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

Name/s	Address/es

nominate the following person to whom in the event of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be returned by Suryoday Small Finance Bank Limited_____Branch.

Details of the Account

Nature of the Account	Account Number	Additional Details, if any

Nominee:

Name: _____

Address: _____

Relationship with depositor (if any) [ ] Age [ ][ ] Years

Print Nominee Name# [Y] [N] #Depending upon the option selected here, nominee name will get printed / not printed on statements, passbooks, etc.

If nominee is minor his/her date of birth [D][D] [M][M] [Y][Y][Y][Y]

*As the nominee is a minor on this date I/we appoint

Name: _____

Address: _____

Relationship with minor*: [ ] Age [ ][ ] Years

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.

_____

**Signature(s) / Thumb impression(s) of depositor(s)

Witnesses: ***

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

**Strike out if nominee is a not a minor.*

*** Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor.*

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