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NOMINATION FORM

FORM DA1

Date: DDMMYY

_____ [Age]_____

CUSTOMER DECLARATION

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

I/We [Name(s)]

[Address(es)] —

nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by Citibank, N.A. [Branch Name and Address]

DEPOSIT DETAILS Nature of deposit Distinguishing No./ Account No. Additional details, if any Image: Control of the second sec

NOMINEE DETAILS

Name	Address	Relationship with Depositor, if any	Age	If nominee is a minor, his/her date of birth

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

Mr./Ms./Mrs./Mx. [Name]_____

[Address]__

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)		**Signature(s)/Thumb impression(s) of Depositor(s)		**Signature(s)/Thumb impression(s) of Depositor(s)		
WITNES Name: Address:	S(ES) [#]		2			
Signatures	: Place		Place	Date		

* Strike out if nominee is not a minor.

** Where deposit is made / account is held in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
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⁺ Thumb impression(s) shall be attested by two witnesses