**Request to Add a Nominee (Form DA-1)**



*IBU*

*GIFT*

*City*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Date:

**Customer Declaration**

Nomination under Section 45Z A of the Banking Regulation Act, 1949, and rule 2(1) of the Banking Companies (Nomination) Rules, 1985, with respect of bank deposits. (Name(s) address (es)

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 ICICI Bank Ltd.

**Deposit Details**

|  |  |  |
| --- | --- | --- |
| Nature of Deposit | Account Number (12 Digits) | Additional Details (If any) |
| Type of Account held | 12 digit Account Number |  |
| Type of Account held | 12 digit Account Number |  |
| Type of Account held | 12 digit Account Number |  |

**Nominee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name, Address and Contact no. of nominee | Relationship with depositor, if any | Age | # Date of Birth if nominee  is minor |
|  |  |  |  |

(Below details to be filled only if nominee is minor)

As the nominee is a minor on this date, l/We appoint the Guardian (details provided hereunder) 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.

**\* Mandatory for Minor Nominee**

Guardian’s Name & Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with Nominee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian’s Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# *Fields are mandatory to be filled*

\* *Not to be filled, if nominee is not a minor*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant/s | | | |
| **Signatures as per Bank records** | Primary Account Holder | Joint Account Holder 1 | Joint Account Holder 2 |
| \* \*Signature  \*\*\* Thumb impression (s) of Depositor (s) | \* \*Signature  \*\*\* Thumb impression (s) of Depositor (s) | \* \*Signature  \*\*\* Thumb impression (s) of Depositor (s) |

\* \*Where the account is in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor

\*\*\* Thumb impression (s) must be attested by two witness.

**Personal Details of Witnesses** - {To be filled only in case of Thumb impression (s)}



*IBU*

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|  |  |
| --- | --- |
| Name of Witness 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of Witness 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signatures 1 ) | Signatures 2 ) |

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes**

* Please submit DA-2 form for nominee deletion, if nomination exists for above mentioned account.
* Relationship with depositor is mandatory.
* Account holder cannot be a guardian, if the nominee is minor.
* Joint holder cannot be added as nominee
* Only one nominee can be added in one account.

**For Branch Use only**

Declaration from Branch Official - I confirm

The details match with the bank records

Account is not Inactive / Dormant / Frozen / in Debit balance

**The applicant(s) signed in my presence and the signature(s) have been verified with the Bank records**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

Customer ID:

Signature of Bank Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name & Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement Slip** (To be filled in by the Bank staff)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**Date:**

We acknowledge receipt of the form for addition of nomination made by you in favour of:

Name of the nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Name of Guardian (In case the new nominee is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

with respect to your A/c. no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ICICI Bank (Branch Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Bank Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_