

# MODIFICATION OF NOMINEE

## FORM DA3



Please fill in Black Ink and in CAPITAL LETTERS

Date        
D D M M Y Y Y Y

### CUSTOMER DECLARATION

Variation of the Nomination under Section 45ZA, of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of the bank deposits.

I/We [Name(s)]

Address(es)

City  State

Pin Code

cancel the nomination made by me/us in favour of

Name

Address

City  State

Pin Code

hereby nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars where of are given below, may be returned by IDFC BANK Limited.

### NOMINEE DETAILS

Customer ID  (Incase an existing Account Holder)

Name of Nominee

Address

City  State

Pin Code  Relationship with Depositor, if any

Date of Birth of Nominee        
D D M M Y Y Y Y

### DEPOSIT DETAILS

Nature of deposit	Distinguishing No./ Account No.	Additional details, if any

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

Shri/Smt./Kum. [Name]  Age

Address

City  State

Pin Code

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.

\* 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.

**SIGNATURE(S)**

All Account Holders to sign

Signature

Signature

Signature

Name of First Account Holder/  
Authorised Signatory

Name of Second Account Holder/  
Authorised Signatory

Name of Third Account Holder/  
Authorised Signatory

**WITNESS(ES)<sup>#</sup>**

1. Name

Address

City  State

Pin Code

Place  Date

D D M M Y Y Y Y

Signature

2. Name

Address

City  State

Pin Code

Place  Date

D D M M Y Y Y Y

Signature

<sup>#</sup> Thumb impression(s) shall be attested by two witnesses

**FOR BANK USE ONLY**

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official