

Place: __

Date: _

JIJAMATA MAHILA SAH Branch : Form DA			Date:	/ /	
Cancellation of Nomination us and Rule 2(5) of the Banking of Deposits	nder Section	45ZA of the bankir	ng Regulation A 1985 in respec	ct, 1949 t of Bank	
I/We					
Name/s		Address/es			
; 	- de la compa Lor	forest of			
Hereby cancel the nomination m	ade by me / us	ravour or:			
Nominee					
Name/s		Address /es			
200g 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-			
In respect of:					
Details of the Account					
Nature of the Account		ber	Additional Details, if any		
731.2.4			, p		
Place:			*		
Date:					
	*Sign	ature (s) / Thumb in	nression(s) of de	enositor(s)	
*****	51511	Total of the state			
Witnesses: ***					
1. Signature		1. Signature			
Name		Nama			

Name: Name: Address: Address: Date: Place: Date:

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

^{*}Thumb impression (s) shall be attested by two witnesses.