

**FOR BRANCH USE:** Branch Code: \_\_\_\_\_

Receipt Date: \_\_\_/\_\_\_/\_\_\_ Action Taken on: \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_



NRI-9

## Request for change in Nomination (Form DA -3) in NRE/NRO/FCNR (B) account

Variation of Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits. I / We *<name & address of depositor>* \_\_\_\_\_ hereby cancel the nomination made by me/us in favor of *<name>* \_\_\_\_\_ and hereby 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 State Bank of India *<name & address of the branch in which deposit is held>* \_\_\_\_\_

Details of Deposit*	Type of Deposit	Account Number	Additional Details (if any)

Details of the Nominee*			
Name		Date of Birth	
Relationship with depositor		Address	
City		State	
Pin		Country	

As the nominee is a minor on this date, I/We appoint Shri./Smt./Kum. \_\_\_\_\_ age: \_\_\_\_\_ years, residing at \_\_\_\_\_ to receive the amount of deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of 1 <sup>st</sup> Applicant*	Signature of 2 <sup>nd</sup> Applicant*
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Signature / Thumb impression of 1 <sup>st</sup> witness** Name: _____ Address: _____	Signature / Thumb impression of 2 <sup>nd</sup> witness** Name: _____ Address: _____
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\*Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

\*\* Thumb impression (s) shall be attested by two persons.

### Customer Acknowledgement Copy (To be returned to the customer, if submitting it in the person)

A/c No: \_\_\_\_\_ A/c Holder Name: \_\_\_\_\_

Type of request: Request for change in Nomination (Form DA -3)

Date of receipt: \_\_\_/\_\_\_/\_\_\_

Signature of authorised official \_\_\_\_\_

Branch Seal & Stamp