

Form DA 2

Cancellation of Nomination in respect of FCNR(B)Deposits

Depositor(s) Name	Depositor(s) Address	FCNR (B) Deposit Account number	Additional details, if any

I/We, the undersigned, hereby revoke and cancel the nomination(s) made earlier by me/us in favor of the nominee(s) specified below in respect of the deposit account described hereunder:

Serial Number	Name of Nominee & Address	Email/Mobile number	Relationship with Bank Depositor if any	Nominee Age	Nominee DOB	Order of priority in case of successive nomination.	Proportion of amount of deposit in percentage in case of bank deposit.

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Note: Where deposit is made in the name of a minor, the form should be signed by a person lawfully entitled to act on behalf of the minor

Declaration & Signature

I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will cancel any previous nominations for the above mentioned account(s).

Name of Primary Depositor:

Place:

Date:

Signature:

Name of Joint Account Depositor:

Place:

Date:

Signature:

Acknowledgement (For Bank Use Only)

Received Nomination Cancellation Form from:

Customer ID:

Date of Receipt:

Recorded on CBS: Yes/No

Reference Number:

Signature of Bank Official:

Name & Designation:

Seal & Date: