

FORM DA2- NOMINATION CANCELLATION FORM

Cancellation of nomination under section 45 'ZA' of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank deposits.

1.I/We.....(name and addresses) .....  
.....  
hereby cancel the nomination made by me/us in favour of.....(name and address).....  
.....  
.....in respect of .....(give details of deposit).

Place:

Date:

Signature(s) / Thumb impression(s) of depositor(s):

Name(s), signature(s) and address (es) of witness(es):

Note: If the Party is affixing thumb impression, it should be attested by two witnesses and Manager/Asst.Manager.  
Where the deposit is in the name of a minor the cancellation of the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

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**Acknowledgment – DA – 2**

The South Indian Bank Ltd., \_\_\_\_\_ Branch

We acknowledge the receipt of cancellation of nomination made by you in:

Name of the Depositor(s)	
Account Number of the Depositor(s)	
Cancellation of nomination made in favour of	

Date:

Manager/Asst.Manager  
For the South Indian Bank Ltd