



Declaration contd..	<p>I/We understand that the above account will be opened on the basis of the statements/declarations made by me/us and I/We also agree that if any of the statements/declarations made herein is found to be not correct in material particulars you are not bound to pay any interest on the deposit made by me/us.</p> <p>I/We agree that no claim will be made by me/us for any interest on the deposits for any period after date/s of maturity of the deposits.</p> <p>I/We agree to abide by the provisions of the FCNR/NRNRDS/NRE scheme.</p> <p>I/We agree that if the premature withdrawal is permitted at my/our request, the payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by RBI in this regard.</p>					
	<p>_____</p> <p>Signature of First applicant</p>		<p>_____</p> <p>Signature of Second applicant</p>		<p>_____</p> <p>Signature of Third applicant</p>	
Specimen Signature	Name		Signature			
	1. _____ will sign thus _____					
	2. _____ will sign thus _____					
	3. _____ will sign thus _____					
Introduction	Above signatures verified					
	<p>_____</p> <p>Name and Signature of person verifying with rubber stamp (where applicable)</p>					
	<p>1. Authentication of signatures to be made by a Bank / Indian Embassy / High Commission/ Consulate / Notary Public / Person known to the Bank.</p> <p>2. Verification is not required if an account is already held with this Branch. In such cases, please furnish Account No. SB / Current Account _____</p>					
Nomination	<b>Nomination Form - DA 1</b>					
	Nomination under Sec.45ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits.					
	I / We _____ (Name/s and address/es) nominate the following persons to whom in the event of my/our/minor's death the amount of deposit in the account, particulars whereof are given below, may be returned by Indian Bank, _____ Branch.					
	Nature of deposit		Distinguishing Number		Additional details if any	
	Name & address of Nominee			Relationship with depositor, if any	Age	If nominee is a minor, his/her date of birth
	* As nominee is a minor on this date, I/We appoint _____ (Name, Address and Age) to receive the amount of the deposit in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.					
	Place :			Date :		
	_____			_____		
Name, Signature of witness & Address **			Signature/s / Thumb Impression of depositor/s ®			
* Strike out if nominee is not a minor ** Thumb Impressions shall be attested by two witnesses ® 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.						
For Office use only	Open		Account Opened		Nomination	
	Date : _____					
Branch Manager		Officer-in-Charge		Regn.No. _____		
				Regd. on _____		
				Cheque Book issued on _____		
				From _____ To _____		