

Nomination under section 45ZE of the Banking Regulation Act, 1949, and Rule 4(1) of the Banking Companies (Nomination) Rules, 1985, by sole hirer in respect of safety locker

I, _____ (name and address), nominate the following person to whom in the event of my/minor's death _____ (name and address of branch/office in which the locker is situated) may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below:

Locker			Nominee			
Nature of	Distinguishing Mark or No	Additional details, if any	Name	Address with Mobile No.	Relationship with hirer, if any	Age

Place:
Date:

Signature: (1st witness)	Signature: (2nd witness)
Name:	Name:
Address	Address

Signature(s) and Address(es) of witness(es)

Signature/Thumb Impression of Hirer

1. Where the locker is hired solely in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

2. Thumb impression shall be attested by two witnesses.

Note: Nomination shall be made in favour of only one individual (Nomination in favour of non-individual is invalid)

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ACKNOWLEDGEMENT CLAB/SL – 3

We acknowledge receipt for nomination made by you in favour of Name of the

Nominee _____ Age years

With respect to your Locker Number..... Registration No.

Place:
Date:

Signature of Bank Official with seal

Nomination under section 45ZE of the Banking Regulation Act, 1949, and Rule 4(1) of the Banking Companies (Nomination) Rules, 1985, by joint hirers in respect of safety locker

We, _____ (name and address), nominate the following person(s) to whom in the event death of one or more of us _____ (name and address of branch/office in which the locker is situated) may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below:

Locker			Nominee (s)			
Nature of	Distinguishing Mark or No	Additional details, if any	Name	Address with Mobile No.	Relationship with hirer, if any	Age

Place:

Date:

Signature: (1st witness)	Signature: (2nd witness)
Name:	Name:

Signature(s) and Address(es) of witness(es)

Thumb impression shall be attested by two witnesses. (Nomination in favour of non-individual is invalid)

ACKNOWLEDGEMENT CLAB/SL4

We acknowledge receipt for nomination made by you in favour of Name of the Nominees(S)

1. _____ Age _____ years

2. _____ Age _____ years

with respect to your Locker Number.....Registration No.....

Place:

Date:

Signature of Bank Official with seal