3. I nominate the following person / persons, mentioned below, to whom, to the exclusion of all other persons, in the event of my death the amount standing to my credit in the account would be payable in accordance with the provisions contained in rule 6:

TABLE

Sl. No.	Name(s)of the nominee(s) alongwith relationship with the depositor	Permanent Address	Date(s) of birth of nominee(s) in case of a minor/ age in other case(s)	Share of the nominee(s) in the amount payable.
(1)	(2)	(3)	(4)	(5)

Photograph(s) of the nominee(s)	Signature/thumb impression of the nominee(s)
(6)	(7)".

3(a) As the nominee(s) at Serial No.(s).....above is/are minor(s), I appoint Shri/Smt./Kumari.....[name(s) with permanent address(es) of the person(s) in respect of each minor nominee] to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

Witnesses(Signature, name and address):

Signature/Thumb impression of the depositor

1.....

2..... **Date.....At (P lace).....**

My/our* specimen signatures (thumb impression), are as below: -

(i) First depositor:-

1. 2. 3.

(ii) *Joint depositor:-

1. 2. 3.

#Witness..... #Witness..... #Witness.....

(Countersigned BranchManager/Incharge) (Countersigned BranchManager/Incharge) (Countersigned BranchManager/Incharge)

Date.....& office Seal Date.....& office Seal Date.....& office Seal

4. I also declare that the information provided by me / us* in the application hereinabove, is true to the best of my/our knowledge and belief and in case, at any time, any of the information and/or declaration is foun d false, no interest on the deposits shall be payable to me/us* , the deposit office shall close the account(s) and refund the deposits after recovery of the nterest, if any, already paid on the deposits.