



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/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>			
	Signature of First applicant _____		Signature of Second applicant _____	
Specimen Signature	Name		Signature	
	1. _____ will sign thus _____			
	2. _____ will sign thus _____			
	3. _____ will sign thus _____			
Introduction	Above signatures verified			
	_____			
	Name and Signature of person verifying with rubber stamp (where applicable)			
Introduction	1. Authentication of signatures to be made by a Bank / Indian Embassy / High Commission/ Consulate / Notary Public / Person known to the Bank.			
	2. Verification is not required if an account is already held with this Branch. In such cases, please furnish Account No. SB / Current Account _____			
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		Deposit Account Number	
	Name & address of Nominee		Relationship with depositor,	Age
				Date of birth of the Nominee
	* 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	Open	Account Opened	Nomination	Date : _____
	Branch Manager	Officer-in-Charge	Regn.No. _____ Regd. on _____	Cheque Book issued on _____ From _____ To _____