

Request to Add a Nominee (Fo	orm DA-1
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Date: D D M M Y Y Y Y

		Da	te: DD	
Customer Declaration				
Nomination under Section 45Z A of the Banking F respect of bank deposits. (Name(s) address (es)	Regulation Act	, 1949, and rule 2(1) of the Banking Con	npanies (Nomination) Rules, 1985, with
I/We,				
nominate the following person to whom in the event be returned by ICICI Bank Ltd. (Name an		ninor's death the amount of the deposit, poranch in which deposit is held)	articulars	whereof are given below, may
Deposit Details			-	
Nature of Deposit	Accou	nt Number (12 Digits)	Additional Details (If any)	
Type of Account held	12 di	git Account Number		
Type of Account held	12 di	git Account Number		
Type of Account held	12 di	git Account Number		
		,		
Nominee Details				
Name, Address and Contact no. of nomi	inee	Relationship with depositor, if any	Age	#Date of Birth if nominee is minor
				DD/MM/YYYY
(Below details to be filled only if nominee is minor)				
As the nominee is a minor on this date, I/We appoint:	the Guardian Is	detaile provided berounder) to receive the	omount.	of the deposit in the secount on
behalf of the nominee in the event of my/our/minor's			amount	or the deposit in the account on
* Mandatory for Minor Nominee				
Guardian's Name & Age				
Relationship with Nominee		Guardian's Contact No		
Complete Address				
		P	IN code -	
#Fields are mandatory to be filled				
*Not to be filled, if nominee is not a minor				



Personal Details of Witnesses - (To be filled only in case of Thumb impression (s))							
		ipression (s))					
Name of Witness 1)		Name of Witness 2)					
Address		Address					
Signature 1)		Signature 2)					
Place							
Date							
Customer Signature (s) (To be signed by	oy all account holders)						
Signature * Thumb impression (s) of Depositor (s)	**Signature *** Thumb impression (s of Depositor (s)	**Signature s) *** Thumb im of Depositor (s					
* *Where the account is in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor							
*** Thumb impression (s) must be attest	ted by two witness.						
Notes							
Please submit DA - 2 form for nomine	ee deletion, if nomination exists f	or above mentioned account					
Relationship with depositor is manda	atory.						
Account holder cannot be a guardian, if the nominee is minor.							
Joint holder cannot be added as nominee							
Only one nominee can be added in one account.							
For Branch Use only							
Declaration from Branch Official - I confirm							
The details match with the bank record							
Account is not Inactive / Dormant / Froz							
The applicant(s) signed in my presence	e and the signature(s) have bee	n verified with the Bank rec	ords				
Customer ID:							
Signature of Bank Official:			(Bank Seal)				
Staff Name Employee ID:							
Acknowledgement Slip (To be filled in	by the Bank staff)						
			Date: D D M M Y Y Y Y				
We acknowledge receipt of the form for addition of nomination made by you in favour of:							
Name of the nominee:		Age	Years				
Name of Guardian (In case the new nor	ninee is a minor):		with respect to				
your A/c. no							
ICICI Bank (Branch Name):							
Signature of Bank Official: Seal							