NOMINATION (If required fill Form DA-I)	*
FORM DA-I (Nomination Form)	
Details of Nomination:  Registration No.  Nomination under section 45ZA of the Banking Regulation Act, 1949 and Rules 1985 in respect of Bank Deposits.	
I/Wenominate the following person to whom in the event of my/minor's death the amount of this deposit, particulars of	which
are given below, may be returned by the Bank of Maharashtra,	reld.)
We want the name of the nominee to be printed on the passbook   Yes   No	
Details of Deposit  Type of Deposit: Account Number:	
Details of Nominee	
Name:	
Mobile Number of the Nominee	
Relationship with the depositor	
As the nominee is a minor on this date,I appoint Shri/Smt/Kum	
Address	
	iominee
(Signature of the Applicants/Thumb impression of the Applicants) (Signature of the Applicants/Thumb impression of the Applicants)	
Signature of the first witness Signature of the second witness	
Name: Signature: Name: Signature: Signature:	
Address Address	
(Witnesess are required only in case of applicant is illiterate and if affixing thumb impression) Date	
(Witnesess are required only in case of applicant is illiterate and if affixing thumb impression)    Date	
We do not want to nominate any person in this account	2
(Signature of the Applicants/Thumb impression of the Applicants)  (Signature of the Applicants/Thumb impression of the Applicants/Thumb impression of the Applicants)  (Signature of the Applicants/Thumb impression of the Applicants/Thumb impression of the Applicants/Thumb impression of the Applicants  (Signature of the Applicants/Thumb impression of the Applicants/Thumb impression of the Applicants  (Signature of the Applicants/Thumb impression of the Applicants/Thumb impression of the Applicants/Thumb impression of the Applicants  (Signature of the Applicants/Thumb impression of	od, I/we l lawful e above
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(Signature of the Applicants/Thumb impression of the Applicants)  (Signature of the Applicants/Thumb impression of	od, I/we I lawful e above n-cum- e death
(Signature of the Applicants/Thumb impression of the Applicants)  DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION  1.   We have read the copy of Terms and Conditions of the Account Opening given to me/us. The Terms and Conditions have been explained to me/us and having understoc accept the same. 2.   (In case of Minor Accounts)   hereby declare that date of birth of the minor who is my	od, I/we I lawful e above n-cum-e death
(Signature of the Applicants/Thumb impression of the Applicants)  (Signature of the Applicants/Thumb impression of	od, I/we I lawful e above n-cum-e death
(Signature of the Applicants/Thumb impression of the Applicants)  DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION  1. We have read the copy of Terms and Conditions of the Account Opening given to me/us. The Terms and Conditions have been explained to me/us and having understor accept the same.  2. (In case of Minor Accounts) I hereby declare that date of birth of the minor who is my is a many in the same of minor attains majority. Indemnify the bank against the claim of the above minor for any withdrawa/transactions made by me in his/her account until the said minor in all future transactions of any description in the account until the said minor in more active that in case of Term Deposit Accounts- (Strike out if not required)  We undertake that in case of term deposits with operating instructions "Either or Survivor", or "Former or Survivor" in line with the operating instructions of the application deposit slip, premature termination/payment will be allowed to the survivor in event of the death of the depositors or former as the case may be on submission of the certificate of the deceased depositors along with application without obtaining consent of the legal heirs of the deceased depositors.  4. I hereby declare that I do not maintain a Basic Savings Bank Deposit Account (BSBDA) with any other Bank/Branch (Applicants/Thumb impression of the Applicants/Thumb impression of the Applicants	od, I/we I lawful e above n-cum-e death
(Signature of the Applicants/Thumb impression of the Applicants)  DECLARATION CUM UNDERTAKING CUM SELF-CERTIFICATION  1. We have read the copy of Terms and Conditions of the Account Opening given to me/us. The Terms and Conditions have been explained to me/us and having understoc accept the same. 2. (In case of Minor Accounts) I hereby declare that date of birth of the minor who is my is many conditions have been explained to me/us and having understoc accept the same. 3. (Applicable in case of Term Deposit Accounts: Gtrike out if not required) 4. (Applicable in case of Term Deposit Accounts: Gtrike out if not required) 4. (Applicable in case of Term Deposit Accounts: Gtrike out if not required) 4. (Applicable in case of Term Deposit Accounts: Opening instructions "Either or Survivor", or Former or Survivor" in line with the operating instructions of the application deposit slip, premature termination/payment will be allowed to the survivor in event of the detail of the deceased depositors along with application without obtaining consent of the legal heirs of the deceased depositors. 4. I thereby declare that I do not maintain a Basic Savings Bank Deposit Account (BSBDA) with any other Bank/Branch (Applicable in case of BSBD Account)  Place:  Date:  FOR OFFICE USE/ATTESTATION  Queue No. Initials  (for office use only) Open Account  Date:  (Authorised signatory)  i) Internet Banking (INB) Ref No	od, I/we I lawful e above n-cum-e death
(Signature of the Applicants/Thumb impression of the Applicants)  (Signature of the Applicants/Thumb impression of the Applicants/Thumb impressio	od, I/we I lawful e above n-cum-e death
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