

Nomination Serial No. _____

Nomination Required ☐ Yes ☐ No

Nomination Under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank deposits.

I/We _____ nominate the following person to whom in the event of my/our/minor's death, the amount of deposits, particulars whereof, may be returned by UNITY SMALL FINANCE BANK LIMITED _____

(Name & Address of the branch / office in which the deposit held)

DETAILS OF DEPOSIT

Type of Deposit Account No.

DETAILS OF NOMINEE

Name Prefix First Name Middle Name Surname

Relation with the Depositor Age Date of Birth

Email Id Mobile No.

Address

City/Village District Pincode

State Country

As the nominee is a minor on this date, I/we appoint Shri/Smt. _____

Age _____ years, residing at (address) _____

to receive the amount of deposit on behalf of nominee in the event of my/our/minor's death during the minority of the nominee.

☐ I want the nominee name printed on the passbook. (Not applicable to Current Account)

Date Place ****[Signature(s)/Thumb Impression(s) Applicant(s)/Natural Guardian]**

Name & Address _____

Name & Address _____

Signature of the 1st witness

Signature of the 2nd witness

** Attestation by two witnesses is required only for Thumb Impressions

DECLARATIONS FOR INDIVIDUALS (UNDER SECTION 285BA OF THE INCOME TAX ACT, 1961)

I certify that :

- The information provided by me/us in the form, its supporting an annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief are true, correct and complete and that I/ we have not withheld any material information that me in effect the assessment/categorization of the account as a reportable account or otherwise.
- I/We permit/authorise the bank to collect, store, communicate and process information relating to the account and all transactions therein, by the Bank and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities (including Central KYC Registry) in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I/We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the form, its supporting annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.
- I/We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Bank would be within its right to put restrictions in the operations of my/our account or close it or report to any regulatory and/or any authority designated by the Government of India/Reserve Bank of India (RBI) for the purpose or take any other action as may be deemed appropriate by the Bank if the deficiency is not remedied by me/us within the stipulated period.
- I/We also agree to furnish such information and/or documents as the Bank may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- It shall be my/our responsibilities to educate myself / our self and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules thereunder. I /We shall indemnify the Bank for any loss that may arise to the Bank on account of providing incorrect or incomplete information.
- I/We understand and acknowledge that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account (s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) and other Government Agencies to comply with the obligations as per the Inter Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and/or any other similar arrangements.

Signature / Thumb Impression Sole/First Applicant

Signature / Thumb Impression Second Applicant

Signature / Thumb Impression Third Applicant

UNITY SMALL FINANCE BANK LIMITED (Acknowledgement - Form DA 1 / Customer Copy)

We acknowledge receipt of nomination made by you in favour of :

Name of the Nominee _____ Age _____ years

with respect to your A/c. nos. _____

Signature of Bank official (with seal of Bank) _____

NOMINEE CANCELLATION FORM (FORM DA-2)

Cancellation of nomination under Section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits.

I/We _____ (Name/s and Address)

hereby cancel the nomination made by me/us in favour of _____ (Name and Address)

in respect of deposit(s) _____ (Give details of deposits)

Date

Place

** Signature(s) / Thumb Impression(s) of depositor(s)

PERSONAL DETAILS OF WITNESS

Name : 1) _____ 2) _____

Address : _____

Signature : _____

Place : _____

Date : _____

Where deposit is made in the name of a minor, the cancellation of nomination should be signed by a person lawfully entitled to act on behalf of the minor.

** Thumb impression(s) shall be attested by two witnesses. Signature need not be witnessed.

NOMINEE VARIATION (FORM DA-3)

Variation of nomination under Section 45 ZA read with Section 56 of the Banking Regulation Act 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits.

I/We cancel the earlier nomination made by me/us in favour of Mr. / Mrs. / Master _____

Relation with Depositor: _____ in respect of (deposit details) _____

and hereby nominate the following person as NOMINEE.

Name _____ Date of Birth

Address _____

City/Village _____ District _____ Pincode _____

State _____ Country _____

Mobile No. _____ Email Id _____

Relation with Depositor: _____ to whom in the event of my/our/minor's death the amount of the deposit(s), particulars whereof are given below, may be returned by UNITY SMALL FINANCE BANK LIMITED.

Distinguishing Numbers _____ Nature of Deposit _____

As the nominee is a minor on this date. I/We appoint Shri/ Smt. _____

Address _____

Relation with Nominee & Age: _____ to receive the amount of the deposit on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

Date Place

Name & Address

Name & Address

Signature of 1st witness

Signature of 2nd witness

* Signature(s)/Thumb Impression(s) of depositor(s)

* Thumb impression(s) shall be attested by two witnesses.

UNITY SMALL FINANCE BANK LIMITED (Acknowledgement - Form DA 2 / Form DA 3)

We acknowledge receipt of Nomination Form DA-2 / Form DA-3 from Mr. / Mrs. / Ms. _____

relating to A/c. No. _____

Date

Name & Signature of Bank Staff (with seal of Bank) _____