NOMINATION FORM FOR ACCOUNTS & DEPOSITS

(Nomination under Section Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025

SHIVALIK
SHIVALIK SMALL FINANCE BANK

Name of Depositor	Type of Account (Savings/current/Deposit)	Account Number
1.		
2.		
3.		

I/We having deposits as detailed above, the undersigned hereby nominate the following individual(s) to receive the amount of the deposits(s) in respect of the particulars above mentioned in the event of my/our death held by Shivalik Small Finance Bank LTD.

Branch address _____

A. ☐ Nomination Priority (Successive Nomination)	First Nominee	Second Nominee	Third Nominee	Fourth Nominee
B. Name of the Nominee				
C. Nominee (s) Address	_____ _____ _____ City: _____ State: _____ Pin Code: _____ Country: _____	_____ _____ _____ City: _____ State: _____ Pin Code: _____ Country: _____	_____ _____ _____ City: _____ State: _____ Pin Code: _____ Country: _____	_____ _____ _____ City: _____ State: _____ Pin Code: _____ Country: _____
D. a. Mobile number of the Nominee (Incase of nominee is minor please fill details of Guardian)				
b. Email Id of Nominee, if any (Incase of nominee is minor please fill details of Guardian)				
E. Relationship with bank customer, if any				
F. DOB of the Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

First nominee shall receive the entire amount of the deposits(s) in the event of my death. And in the event of death of First Nominee before my death or after my death without receiving any of or all the amounts of deposits, I hereby nominate my Second Nominee (named hereinabove). And in the event of death of the First and Second Nominee before my death or after my death without receiving any of or all the amount as of the deposit(s) as the case may be, I hereby nominate Third Nominee (Named hereinabove) as the person to receive the entire amount of the deposits(s). And in the event of death of the First, Second and Third Nominee before my death or after my death without receiving any of or all the amount as of the deposit(s) as the case may be, I hereby nominate Forth Nominee (Named hereinabove)
as the person to receive the entire amount of the deposits(s).

OR

G. ☐ Proportion of amount of deposit in percentage in case of bank deposit.	☐ Equally / ☐ If not equally, specify percentage _____%	☐ Equally / ☐ If not equally, specify percentage _____%	☐ Equally / ☐ If not equally, specify percentage _____%	☐ Equally / ☐ If not equally, specify percentage _____%

Note:

(i) Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.

(ii) Successive nomination refers to nomination in favor of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.

(iii) In respect of the deposits, out of row (A) and (G), only one row is to be opted.

(iv) Total percentage across all nominees in row (G) must equal 100%

(v) If more than one individual is nominated, the order of priority shall be deemed to be in order in which name appear in row(B)

(vi) Joint holder cannot be added as nominee

(vii) The guardian of the nominee cannot act as the nominee in the same account.

Cancellation of Nomination / Variation of Nomination:

I/We _____, the undersigned, hereby declare that the above nomination is made in supersession of all the previous nominations, if any, made by me/us in respect of the deposit(s) described above. I/We further declare that the above nomination shall have the effect of cancelling all previous nominations in respect of the bank deposit(s).

Guardian details (if any nominee is a minor)				
Sr. No.	1	2.	3.	4.
Name of the Nominee				
Name of Guardian				
Relationship with Nominee				
Address of the Guardian	_____ _____ _____ Pin/ZIP code_____	_____ _____ _____ Pin/ZIP code_____	_____ _____ _____ Pin/ZIP code_____	_____ _____ _____ Pin/ZIP code_____

I/We declare that the information provided above is true to the best of my/our knowledge and belief. I/We understand that this nomination will supersede any previous nominations for the above-mentioned accounts(s).

*Fields are mandatory to be filled. **In case of individual who cannot read and /or write, the signature means thumb-impression of such individual, which should be attested by two witnesses.

**CUSTOMER SIGNATURE (S)		
I/We have read and understood the instructions on nomination given above/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supersede all previous nominations made by me/us in respect of the deposit(s) mentioned above.		
*Signature **Thumb impression (s) of Depositor (s)	*Signature **Thumb impression (s) of Depositor (s)	*Signature **Thumb impression (s) of Depositor (s)
Name of Depositor (s)	Name of Depositor (s)	Name of Depositor (s)
Date:		

**PERSONAL DETAILS OF WITNESSES (TO BE FILLED ONLY IN CASE OF THUMB IMPRESSION (S))			
Name of Witness 1)		Name of Witness 2)	
Address		Address	
Signature		Signature	
Place & Date		Place & Date	

FOR BRANCH USE ONLY

_____ _____ _____

(Bank Official Name & Employee ID) **(Bank Official Signature)** **(BM/BOM Signature & Employee ID)**

ACKNOWLEDGEMENT SLIP (TO BE FILLED IN BY THE BANK STAFF)

We acknowledge receipt of the Nomination form from 1) _____ 2) _____ 3) _____

With respect to Account No.: _____ held with Shivalik Small Finance Bank _____ (Branch Name)

Signature of Bank Official: _____ Dated: _____ Bank Seal/Stamp:

(Name, Emp ID & Designation)