NOMINATION FORM FOR LOCKERS

(Nomination under 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 locker hirer/s/(licensee(S)	Locker Type	Locker Number
1.		
2.		
3.		

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

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 contents of the locker 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 of the contents of the locker, 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 of the contents of the locker as the case may be, I hereby nominate Third Nominee (Named hereinabove) as the person to receive the entire contents of the locker. And in the event of death of the First, Second and Third Nominee before my death or after my death without receiving any or all of the contents of the locker as the case may be, I hereby nominate Forth Nominee (Named hereinabove) as the person to receive the entire contents of the locker.				

Note:

(i) 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.

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

(iii) Joint holder cannot be added as nominee

(iv) 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 locker described above. I/We further declare that the above nomination shall have the effect of cancelling previous nominations in respect of the bank locker.

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 supersedes all previous nominations made by me/us in respect of the contents of the locker mentioned above.		
*Signature/ **Thumb impression	*Signature/ **Thumb impression	*Signature/ **Thumb impression
Name of 1st License	Name of 2nd License	Name of 3rd License
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 Locker No.: _____ Locker Type :_____ held with Shivalik Small Finance Bank _____ (Branch Name)

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

(Name & Designation)