

Service Request No.: Date: **Nomination Form - DA1****Customer Declaration****Nomination under Section 36B of the National Housing Bank Act, 1987 and Rule 2 (1) of the Banking Companies (Nomination) Rule 1985 in respect of ICICI HFC Deposits (Name(s)address(es))**

I/We, _____

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by ICICI Home Finance Company Limited (Name and address of branch in which deposit is held)

Deposit Details

Nature of deposit	Account Number / Customer Id	Additional Details, if any

Nominee Details

I /we request you to print nominee's name in the Fixed Deposit maintained with ICICI Home Finance Company Limited.

☐ No ☐ Yes

Complete address including PINCODE & gender of the Nominee	Relationship with depositor, if any	Age	Date of birth of Nominee

#As the nominee is a minor on this date, I/We appoint (Name, Relationship with Nominee, address & age) _____

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

Personal Details of Witnesses - {To be filled only in case of Thumb impression (s)}

Name	1) _____	2) _____
Address	_____	_____
	_____	_____
Signature	_____	_____
Place & Date	_____	_____

Customer Signature (s)

Signature * Thumb impression (s) of Depositor (s)	**Signature *** Thumb impression (s) of Depositor (s)	**Signature *** Thumb impression (s) of Depositor (s)
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Not to be filled in if the nominee is not a minor.

**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 attested by two witness.

For Branch use only

Nomination Serial No.: _____

Declaration from Branch Official - I confirm

- ☐ The details match with the Company's records
- ☐ The applicant (s) signed in my presence and the signature (s) have been verified with the Company's records
- ☐ Account is not inactive/Dormant/Frozen/in Debit balance

Customer ID*

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Staff Name & Employee ID: _____

Signature of ICICI HFC Official: _____



Acknowledgement Slip (To be filled in by the ICICI HFC staff)

Date

D	D	M	M	Y	Y	Y	Y
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Received from _____ A/c No. _____ for addition of nomination. The necessary changes will be carried out in Company's records only for the account mentioned above

ICICI HFC (Branch Name): _____

Signature of ICICI HFC Official _____

