

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 &amp; 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: \_\_\_\_\_



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**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 \_\_\_\_\_

