

NOMINATION FORM (for individuals)

(Please complete the form in BLOCK LETTERS.)

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 _____
Name(s) and address(es)

nominate the following person to whom in the event of my/ our/ minor's death the amount of the deposit in the account, particulars whereof are given below, may be returned by Credit Agricole Corporate and Investment Bank, _____ (name of branch where account is held)

DEPOSIT

Nature	Distinguishing number	Additional details, if any
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOMINEE

Name and address	Relationship with depositor, if any	Age	If, nominee is a minor, his/ her date of birth*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

1. _____ 2. _____ 3. _____
Signature of Depositor Signature of Depositor Signature of Depositor

Place : _____ Date : _____

WITNESSES

Name	1. _____	2. _____
Address	_____	_____
	_____	_____
Signature	_____	_____
Place	_____	_____
Date	_____	_____

* Leave out if nominee is not a minor

Note 1: Where the deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

Note 2: Thumb impression shall be attested by two witnesses.