

Internal



SURYODAY
A BANK OF SMILES

SURYODAY SMALL FINANCE BANK LIMITED

FORM DA-2 FOR CANCELLATION OF NOMINATION

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

I/We

Name/s	Address/es

hereby confirm that I/We do not wish to appoint any nominee(s) in deposit account mentioned below and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents/information for claiming the deposit, which may also include documents issued by Court or other such competent authority, based on the amount held in the deposit account.

Details of the Account/s -

Nature of the Account	Account Number	Additional Details, if any

Details of existing nominees –

Serial Number	First Nominee	Second Nominee	Third Nominee	Fourth Nominee
Name of the Nominee				
Nominee (s) Address				
Pin/ZIP code_____	Pin/ZIP code_____	Pin/ZIP code_____	Pin/ZIP code_____	Pin/ZIP code_____
Relationship with Depositor, if any				

***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 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)

Witnesses:

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

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

***Thumb impression(s) shall be attested by two witnesses.*

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