



Form DA-1 : NOMINATION

Nomination under Section 45ZA of the Banking Regulation Act, 1949, The Banking Laws (Amendment) Act 2025 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I / We @ {Name(s)}..... and
 nominate the following person to whom in the event of my/ our/ minor's death, the amount of deposit held in the account, particulars whereof are given below may be returned by UCO BankBranch.

Deposit Account Numbers																																					
1																				2																	
3																				4																	

Type of Nomination - Successive Nomination ☐ Simultaneous Nomination ☐

(**Successive Nomination** can be done in favour of one or more persons not exceeding four, where the nomination shall be effective only in favour of one person at a time in the order of priority as specified herein below)

(**Simultaneous Nomination** can be done in favour of one or more persons not exceeding four, where the nomination shall be effective in favour of all such persons in proportion to which it has been declared)

Sl No	Name of Nominee	Address of Nominee	Relationship	Age	If nominee is minor his/ her DOB #	Percentage of benefits to be received *
1.						
2.						
3.						
4.						

*Applicable in case of Simultaneous Nomination only. Total percentage must add up to 100%

Do you want Nominee Name(s) to be printed on Passbook/ Receipt?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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As the nominee is a minor on this date, I/ We appoint Mr./ Mrs./ Ms
 Age..... resident of..... to receive the amount of deposit in the account on behalf of the nominee in the event of my/ our/ minor's death during the minority of the nominee.

strike out if nominee is not a minor

Place:_____

Date :_____

@Signature(s)/
Thumb impression(s) of depositors

@Where deposit is made in the name of minor, the nomination is to be signed by natural/ legal guardian of the minor to act on behalf of the minor.



WITNESSES

Name & Signature of the first witness	Name & Signature of the second witness
Name:_____	Name:_____
Signature:_____	Signature:_____
Address:_____	Address:_____
Place:_____	Place:_____
Mobile No._____	Mobile No._____
Date:_____	Date:_____

Thumb impression(s) shall be attested by two witnesses; otherwise it shall be attested by one witness.

NOMINATION REGISTERED

The above mentioned nomination is registered in respect of (Type of Account)
Deposit Account No

Date:



Authorized Signatory with Emp. No