

**NOMINATION FORM**

I/We \_\_\_\_\_  
Name(s) & Address(s)

Nominate the following person to who in the event of my/our death the amount of deposit in the account, particulars whereof are given below, may be repaid by BANK OF INDIA, New York Branch.

Nature of Deposit	Distinguishing Number A/C No.	Additional details, if any

Names & Address (only one nominee)	Relationship with Depositor

Name, Signature of witness & Address \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_  
Signature(s) of Depositor(s)

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FOR BRANCH USE

Application received on \_\_\_\_\_ CD Account opened on \_\_\_\_\_

Deposit A/C No./s \_\_\_\_\_

Branch: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and Code Number  
of Officer