

S.B FORM NO.1 (D)
GOVERNMENT OF KERALA
Treasury Savings Bank

Application for cancellation/variation of nomination in TSB/TFD account.

Customer ID

Name(s) of Account Holder (In Capital Letters)

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| Sl. No. | TSB/PTSB/TFD Account Number |
|---------|-----------------------------|
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NOMINATION DETAILS (limited to four individuals only)

I/We being the depositor(s) or guardian of (name of the minor/person of unsound mind) hereby nominate the person(s) name below, to be recipient(s) of the amount standing at the credit of the above mentioned account in the event of death of my/our/minor's/person of unsound mind, before closure of the said account.

| Sl. No. | Name(s) of nominee(s) and relationship | Full address(s) of Nominee(s) | Aadhar No. of nominee(s) | Share % | Date of birth of nominee in case of minor | Nature of entitlement Trustee or owner |
|---------|--|-------------------------------|--------------------------|---------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

As the nominee(s) at Serial No.(s) specified above is/are minor(s), I appoint Shri/Smt S/o, D/o, W/o address to receive the sum due under the said account in the event of my death during the minority of nominee(s)

The above nomination will have the effect marked below.

The nomination supersedes the previous nomination made in respect of the said account
with Registration Number Dated

or

No nomination has been previously made in respect of the said account.

1. Signature of witness

Name

Address

2. Signature of witness

Name

Address

Signature/ Thumb impression
of applicant/Guardian

Thumb impression of the depositor(s) should be attested by a person known to the concerned Treasury Officer.

Place:

Date :

FOR TREASURY USE ONLY

Above details updated and entered in the Account Passbook/FD Certificate

Signature of Accountant (SB)

Office Seal

Savings Bank Passing Officer

(Signature with date)