Information on Nominee (Annexure-2) PLEASE FILL OUT THE FORM IN CAPITAL LETTER IN ENGLISH



Date: D D M M Y Y Y Y												Bank Use Only																				
] _n ,						CIF Number																
											Branch																					
	If A	Appli	icab1	e					IB V	Vind	ow										Ac	nt N	Number									
1. Account Title:																																
I/We nominate the folloalso confirm my/our ag	owin	g per	son to	rece	ive t	he ba	lance	of m	y/our	acco	unt a	fter r	ny/oi	ır dea	th. I/	We r	eserv	e the	right	to ca	ncel	or ch	ange	the n	omin	ation	at an	y poi	nt of t	ime.	I/W	
2. Nominee's Name:		lent to	o tne	errec	t tnat	tne i	sank '	WIII I	lot be	respo	onsic	or or	пабі	e in a	iny w	ay 10	r exe	cution	1 01 11	ransa	ction	s as p	er m	y/our	instr	uctio	n.					
																															_	
3. Father's Name:																															L	
4. Mother's Name:																															L	
5. Spouse's Name:																																
6. Date of Birth :	7. Percentage to be entitled: %																															
8. Relationship :																																
9. Permanent Address :																																
House/Holding No.	ise/Holding No./Landmark:																	Г	'hoto	o.f												
Road/Village:	Post Office:																		lomi													
Police Station:	District:																															
Country:																																
10. E-mail :	USE CAPITAL LETTER																															
11. Contact No:																							L									
12. Identity Docume	ent :		NII) [] P	assp	ort		Birt	h Ce	rtif	icate	 :	Ot	hers	(plea	se spe	ecify)														
Number:																		Ex	kpiry	Date	e (wher	e applic	able):	D	D	М	M	Υ	Υ	Υ	Υ	
13. In case the nomi section 103 (2) of the								pien	inf	orm	atio	n du	ring	mir	orit	y pe	riod	of th	ie no	mir	iee, i	n ca	se o	f dea	th o	f Ac	coun	t Ho	lder	(s),	as p	
Name of Guardian	:																															
Date of Birth:	D	D	M	М	Υ	Υ	Υ	Υ	Rel	latio	ıshi	p wi	th N	omi	nee:				<u> </u>													
Permanent Address Flat No./Hous		ding	No./L:	andm	ark:																											
Road/ Village:				Post Office					Pos Code						azila ana:					Dist	rict:					Co	untry:					
Identity Document	:		NII			isspo	ort				rtifi	cate			hers	(pleas	e spe	cify)			L											
Number:		_				<u> </u>		_ 					_ 				Ť	_	∟ enirv	Date	(wher	e annlic	able) *	Б	D	M	М	Y	Υ	Y	Y	
(In case the Nominee is a n		siden	t and	is enti	tled t	o the	Proce	eds, a	ll prev	alent	Exch	ange	Conti	rol Ru	les an	d Reg	ulatio											outsic	le Ban	glade	esh.)	
																				ſ											\neg	
Signature of 1st Applicant									Signature of 2nd							d Applicant							Signature of 3rd Applicant									
																				ĺ	S	igna	ture ^v	Verif	ier's	Sign	with	Seal	& Da	ıte		