

NOMINEE INFORMATION FORM

INDIVIDUAL

Date

Account Number

1) Title of Account

In English (Block Letter) :

বাংলায় :

I/We nominate the following person(s) to receive the balance of this account in the event of my/our death. I/We shall have the right to cancel or amend this nomination at any time. I/We further confirm that Bank shall make payment as per this instruction and the payment made by the Bank to the nominee(s) shall constitute a full discharge of its liabilities in respect of such deposits/balance.

1 copy of Nominee's recent coloured passport size photograph attested by the Applicant

Number of Nominee(s) Type of Nominee Minor Adult

1) Name of Nominee :

a) Date of Birth b) Relationship with Applicant : c) Percentage of Share:

d) Permanent Address

House Name : Flat No. : Road No./Name :

Village/House/Holding No./Area : Block/Sector/Section : Police Station :

Post Office : Post Code : District : Country :

Phone/Mobile Number : e-mail ID :

e) ID Document : NID Passport Birth Registration Certificate Others (Please Specify)*

ID Number :

2) For minor nominee(s) remaining minor in the event of the death of the Applicant(s), the person with following details shall be eligible to receive the minors' share of remaining credit balance of the account as per section 103(2) of Banking Companies Act 1991.

a) Name : b) Relationship with Nominee:

c) Permanent Address

House Name : Flat No. : Road No./Name :

Village/House/Holding No./Area : Block/Sector/Section : Police Station :

Post Office : Post Code : District : Country :

Phone/Mobile Number : e-mail ID :

e) ID Document : NID Passport Birth Registration Certificate Others (Please Specify)*

ID Number :

Signature

Signature

Signature

Signature

Name :

Name :

Name :

Name :

Date :

Date :

Date :

Date :

1st Applicant

Joint Applicant

Joint Applicant

Joint Applicant

* Only applicable for Financial Inclusion Products and acceptable to the Bank.

Initial of Assigned Officer

Initial of BOM/BRM