

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)

FOR BRANCH USE

Application received on _____ CD Account opened on _____

Deposit A/C No./s _____

Branch: _____

Date: _____

Signature and Code Number
of Officer