

NOMINEE INFORMATION FORM**For Bank Use Only**Account No:

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Nominee's Unique Customer ID No:

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Account Title: _____

I/We hereby nominate the following person/persons for providing the money after my/our death. I/We have the right to cancel and change the nominee at any time. I/we hereby agree that, bank will pay the money as per my/our instruction and when the money is paid it will be considered as payment of all kinds of liability.

Number of Nominee: _____ Percentage Allotted for this Nominee: _____

Name of the Nominee: _____

National ID Number: _____

Passport Number: _____ Issuing Country: _____ Expiry Date: _____

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 Relationship with Applicant: _____Nominee's Photo
(to be attested by accountholder)

Address: _____

House: _____ Road: _____ Block/Plot: _____ Post Office: _____ Post Code: _____

Police Station: _____ District: _____ Country: _____

Other Information: Father's Name: _____ Mother's Name: _____ Spouse: _____ Occupation: _____

Minor Nominee

If Nominee is a Minor, According to the Section 103(2) of the Bank Company Act 1991 at the event of the death of Accountholder(s) the deposited money will be received by:

Name: _____

Father's Name: _____

Permanent Address: _____

House: _____ Road: _____ Block/Plot: _____ Post Office: _____ Post Code: _____

Police Station: _____ District: _____ Country: _____

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 Relationship with Nominee: _____Passport/Birth Certificate/Others (please specify): _____ Expiry Date:

D	D	M	M	Y	Y	Y	Y
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Applicant's Signature

Bank Official's Signature

Date:

D	D	M	M	Y	Y	Y	Y
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