NOMINATION FORM SUKANYA SAMRIDDHI YOJANA

Application for Nomination under the Sukanya Samriddhi Yojana Scheme, 2016

To,

Branch Manager,

HDFC Bank Limited

……

I, …….. hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in the Sukanya Samriddhi Yojana Account No. ……..at the time of my death would be payable.

Sr. No	Name(s) of nominee(s) & relationship	Full Address	Date of birth of nominee(s) in case of minor	Proportionate amount for each nominee

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

Signature of witness: ……..
Name and address: ……..

Signature of witness: ……..
Name and address: ……..

Date: ……..

……

Signature or thumb Impression of Parent/Guardian

FOR THE USE OF BRANCH

SSA Nomination serial No: ……

ACKNOWLEDGEMENT FOR RECEIPT OF SSY NOMINATION FORM

Date:……..

We acknowledge the receipt of nomination made by you in favour of:

Name of the nominee(s)……...
Age…… years.

With respect to your Sukanya Samriddhi Yojana Account no……

Yours faithfully,

Signature of bank official with seal