NOMINATION FORM SUKANYA SAMRIDDHI YOJANA

Application for cancellation/variation of nomination previously made in respect of SSA account No…… under the Sukanya Samriddhi Yojana Scheme, 2016

To,

Branch Manager,

HDFC Bank Limited

……..

I, ……., the subscriber in the Sukanya Samriddhi Yojana Account Number……hereby cancel the nomination dated…….. made by me in respect of the aforesaid Sukanya Samriddhi Yojana account.

*In place of the cancelled nomination, I hereby nominate the person(s) mentioned below who shall, on my death become entitled to the payment of the sum due on the above account to the exclusion of all other persons.

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……..
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

***To be filled in case of variation only**

FOR THE USE OF BRANCH

SSA Nomination serial No: ……..

ACKNOWLEDGEMENT FOR RECEIPT OF 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