UCB United Commercial Bank Ltd.

..... Branch

Photograph of Nominee
(Attested by the A/c Holder)

Date : .....

NOMINEE FORM

The Manager
United Commercial Bank Limited
..... Branch.

Account No. : | | | | | | | | | | | | | | |

Customer's ID : | | | | | | | | | |

Dear Sir,

I/We do hereby nominate the person mentioned below to receive the amount of balance of the account in case of my/our death in the manner shown against their names. I/We reserve the right to change or cancel the nominee mentioned below at any time. I/We also agree that Bank will not be liable for the transaction done by my/our instructions.

Name of the Nominee : ..... Date of birth /Age ..... % of Share .....

Father's Name : .....

Mother's Name : .....

Husband's/Wife's Name : .....

Permanent Address
of the Nominee : .....

Occupation : ..... Relationship with the Account Holder : .....

National ID Card Number : .....

*(In case of any non-resident nominee, the amount payable to the said non-resident nominee will be remitted to abroad as per Foreign Exchange Regulation Guidelines)

Declaration and Signature :

I/We do hereby assure that I/we have read all the rules/conditions related to the account and will be bound to abide by the rules/conditions. I/We declare in sound mind that the information mentioned above are true. I/We will provide additional necessary information/documents as per your desire.

Name, signature and date of the Applicant

BANK'S USE ONLY

Comments :

Account opened by :
Name, signature with seal and date

Approved by :
Name, signature with seal and date

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