

S.B. FORM No.22
GOVERNMENT OF KERALA
Treasury Savings Bank
(Rule 15)

Treasury.....

Account No.....

NOMINATION

I hereby nominate*
.....
as the person entitled to receive after my death the balance amount to the credit of my Savings Bank Account in theTreasury.

Depositor's {
Signature.....
Name.....
Address.....
.....
Occupation.....

Signed in my presence

I am satisfied as to the identity of the depositor

Date..... **Treasury Officer.**

* Here enter the full name and address of the person proposed to be nominated, his relationship, if any and is date of birth.

Note:- Nominations are to be filed in triplicate.