

**Floating Rate Savings Bonds, 2020 (Taxable)**  
**FORM OF NOMINATION**  
[See Para 11(i)]

Instructions – The Nomination and its Cancellation shall be governed by the provisions of the Government Securities Act, 2006 (38 of 2006) and the Government Securities Regulation, 2007, published in Part III, Section 4 of the Gazette of India dated December 1, 2007.

I/We ..... (Name and address), the holder/s of BLA No ..... for the investment in Floating Rate Savings Bonds, 2020 (Taxable) hereby nominate the following person/s who shall on my/our death have the right to all the investments under the BLA / investments specified in the table below, to receive payment of the interest/amount for the time being due on the said BLA / investments.

PARTICULARS OF INVESTMENT			PARTICULARS OF NOMINEE				
Date of Issue	Amount (Rs.)	Date of Repayment	Full name with expanded initials and address of the nominee	Date of birth	Relationship to holder	STATUS Resident / NRI	Particulars of Bank Account

**To be filled in case if nominee is minor:** As..... the sole nominee above is a minor on this date, I/We appoint Shri/Smt./Kum .....to receive the amount for the time being due to the above BLA/specified investment in the event of my/our death during the minority of the said nominee.....

**If the nomination is in substitution of the one already made:** This nomination is in substitution of the nomination dated..... made by me/us and registered on your books at.....which shall stand cancelled on registration of this nomination.

**Place:**

**Date:**

(Signature(s)/ Thumb impression of the BLA holder(s))

Signature with name and address of witnesses:

1.....

2.....

**Acknowledgment**

We acknowledge having registered the nomination made by ..... in respect of FRSB 2020 (T) in favour of..... (Name of nominees) for the BLA No.....for the all the investments under the BLA / specified investment ..... and the nomination registration no. is..... Please quote the above nomination registration no. in all communication pertaining to change or cancellation of nomination.

Date: .....

Authorised Official .....

Receiving Office : .....

Branch :.....