

FORM DA 1

Nomination under section 45ZA read with section 56 of the Banking Regulation Act,1949 and Rule 2(1) of the Co-operative Banks (Nomination)Rules,1985 in respect of the bank deposits

I _____

[Name(s) and address (es)]

nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit, particulars whereof are given below, may be returned by _____

(Name and address of branch/office in which deposit is held)

Deposit			Nominee				
Nature of	Distinguishing No.	Additional details If any.	Name	Address	Relation-Ship with depositor if any	Age	If nominee Is a minor,his Date of birth

£2. As the nominee is a minor on this date, I/We appoint Shri/Smt. /Kum. _____

(Name,address and age)

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place:

* Signature(s)/Thumb impression(s)

Of depositor(s).

Date :

Name(s), Signature(s) and

Address(es) of witness(es)

- Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

£ Strike out if nominee is not a minor.

@ Thumb impression(s) shall be attested by two witnesses.