

FORM DA-1: NOMINATION

Nomination under section 45 ZA of Banking Regulation Act, 1949 and Rule 2(1) of Banking Companies (Nomination) rule 1985 in respect of Bank Deposits.

I/We (Name/s Address/es of the Depositor/s.....

nominate the following person to whom in the event of my/our/minor's death, the amount of the deposit, particulars where of are given below, may be returned by the Azhiyur Service Co-operative Bank Limited.
Branch.

Nature of Deposit	Account No.	Additional Details, if any	Name of Nominee

Address of Nominee	Relationship with depositor, if any	Age	Nominee is minor his/her date of birth

*As the Nominee is a minor on this date, I/We appoint Sri./Smt./Kum.....
 Age.....years Address.....

To receive this amount of the deposit on the nominees in the event of my/ our/minor's death during the minority of the nominee.

Place : _____ Signature(s) Thumb Impression(s) **
 Date : _____ of depositor(s)

WITNESSES

- | | |
|---|---|
| 1) Signature : _____
Name : _____
Address : _____ | 2) Signature : _____
Name : _____
Address : _____ |
|---|---|

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

* Strike out nominee is not a minor
 ** Thumb impression(s) shall be attested by 2 witnesses.

NOMINATION REGISTERED

The above mentioned nomination is registered at Serial No.....in respect of (Type of Account)
Deposit Account No.....

Date :

For Azhiyur Service Co-operative Bank Ltd.
 (Authorised Officer)