

राजारामबापू सहकारी बँक लि., पेट .

(शेड्युल्ड बँक)

प्रधान कार्यालय, पेट . ता. वाळवा, जि. सांगली .



RAJARAMBAPU SAHAKARI BANK LTD., PETH

(Scheduled Bank)

Head Office - Peth. Tal - Walwa, Dist. - Sangli.

**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 Bank Deposits**

I/We -----

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 of branch/Br code and address in which the deposit is held)

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Nature of Deposit and Account Number	Name and address of Nominee	Relationship with the Depositor, if any	Age	If nominee is minor, his/her date of birth

# As the nominee is a minor on this date. I/We appoint Mr/Mrs/Ms-----

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(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:

Date:

1 <sup>st</sup> Account holder	2 <sup>nd</sup> Account holder	3 <sup>rd</sup> Account holder

Signature(s) / Thumb Impression (s) of Depositors

Only Thumb impression (s) shall be attested by two witnesses:

Signature of witness No1:

Name and address-----

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Signature of witness No 2:

Name and address-----

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Nomination Registration number ----- Date: -----

**Acknowledgement -DA 1**

We acknowledge receipt of nomination made by you with respect to your account no -----in favour of

-----Age-----residing at -----

-----.

Yours faithfully,

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Signature of bank official with seal.