

FORM DA I

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 / We.....

[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 where of are given below, may be returned by.....

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

Deposit			Nominee			
Nature	Distinguish- ing No.	Additional details, if any	Name & Address	Relation- ship with depositor, if any	Age	If nominee is a minor his/her date of birth

\* As the nominee is a minor on this date, I / we appoint Shri/Smt/ Kum

.....to receive the amount of the  
[Name, address and age]  
deposit on behalf of the nominee in the event of my/ our / minor's death during the minority of the nominee

Place :

Date : \* Signature(s) / Thumb impression(s) of depositor(s)

Name (s), Signature(s) and  
Address(es) of witness(es)

\* Where deposit is made in the name of a 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.