

FORM DA-1: NOMINATION

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

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 whereof are given below, may be returned by the Iringannur Service Co-operative Bank Ltd.

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:
Date:

Signature(s) Thumb impression(s) **
of depositor(s)

WITNESS

1. Signature

Name

Address

1. 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 if the 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 Iringannur Service Co-operative Bank

(Authorised Officer)