



[Established : 1930]

SBPP Co-Operative Bank Ltd.

Form DA 1

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

I / We

Name / s	Address / es

nominate the following person to whom in case of my/our/minior's death, the deposit in the account(s), particulars whereof are given below, may be returned by SBPP Co-Op. Bank Ltd. _____ Branch.

Details of the Account		
Nature of Account	Account Number	Additional Details, if any

Nominee	
Name	
Address	
Relationship with 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

Name:

Age:

Address :

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

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

Witnesses*** (Only in case of Thumb impression)

Name:

Name:

Signature:

Signature:

Address:

Address:

Place:

Place:

Date:

Date:

*Strike out if nominee is not a mionor. ** Where deposit is made in the name of a minor the nomination must be signed by a person lawfully entitled to act on behalf of the minor. *** Thumb impression(s) to be attested by two witnesses.



Acknowledgement

We acknowledge your Nomination Form DA1 relating to:

Nature of the Account	Account Number	Additional Details, if any

In the name of _____ held with us. Please quote the Nomination Number _____ in, all your future correspondence with us in this regard.

For SBPP Co-Operative Bank Ltd.

Signature of the bank official with seal