



इंद्रायणी को-ऑप. बँक लि. पिंपरी.

स्था. २००९

Head Office-Plot no: 109/B, CTS NO:1480, Near Sadhu Waswani Garden, Jamtani Chowk, Pimpri, Pune.411017

FORM DA1

Nomination under Section 452A 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 the event of my/our/minor's death, the deposit in the account(s), particulars where of are given below, may be returned by Indrayani co-operative Bank Ltd., _____ Branch

Details of the Account

Nature of Account	Account Number	Additional Details, if any

Nominee:

Name: _____

Address: _____

Relationship with the Depositor (if any) _____ Age : _____ Years

If Nominee is a minor his/her Date of Birth: _____ (dd/mm/yyyy)

*As the nominee is a minor on this date I/we appoint

Name: _____

Address: _____

Relationship with Minor*: _____ Age : _____ Years

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.

Date :

Place :

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

Witnesses ***

Signature	Signature
Name :	Name :
Address :	Address :
Place :	Place :
Date :	Date :

*Strike out if nominee is a not a minor.

** 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

To
Shri/Smt/M/s _____

Branch :

Date :

Dear Sir/Madam

REG : Nomination in respect of your account nowith us.

We acknowledge receipt of your letter of nomination dated _____ authorising Shri/Smt _____ to receive the amount of the aforesaid deposit kept in A/c no _____ with us.

Yours Faithfully

MANAGER