Murshidabad District Central Co-operative Bank Ltd.

Head Office: 48, 49 B.B. Sen Road, P.O. Berhampore, Dist. Murshidabad (W.B.). PIN-742 101,

Jelar Bank Aapnar Bank

NOMINATION
Form DA1

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,

1. ----------
2. ----------
3. ----------

(Name)

1. ----------
2. ----------
3. ----------

(Address)

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 Murshidabad District Central Co-operative Bank Ltd. **…… Branch: Vill. ……., P.O. ……., Dist. Murshidabad (Name and address of the Branch / Office where the deposit is held)**.

Deposit Account Number :																

NOMINEE (S)

Name	Address	Relationship with depositor	Age	If nominee is Minor his/ her Date of Birth

As the nominee is minor on this date. I/ We appoint Shri / Smt. ---------- to receive the amount of deposit on behalf of the nominee, in the event of my/ our/ minor's death during the minority of the nominee (strike out if nominee is not a minor).

Place:

Date:

1. ----------
2. ----------
3. ----------

(Signature of the Depositors)

Name Signature & Address of Witnesses
(Thumb impression to be attested by 2 witnesses)

Murshidabad District Central Co-operative Bank Ltd.

…… Branch

Date:
Branch:

Shri / Smt. ----------

Dear Sir/ Madam,

We acknowledge receipt of nomination made by you in favour of Shri/ Smt. …….

aged……..... years in respect of your SB/FD/CC/RD vide A/c no. …….. of form DA1.

Yours faithfully,

Branch Manager/ Officer-In-Charge