



JANAKALYAN SAHAKARI BANK LTD.

Deposit Account

Form DA-1 - Nomination Addition

Name of Depositor/s

Nomination under Section 45 ZA - Section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 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 amount of deposit in the account, particulars whereof are given below, may be returned by Jankalyan Sahakari Bank Ltd., _____ Branch

Deposit

Nature of Deposit	Account No.	Additional details, if any

Personal Details of Your Nominee

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

Depositors Signature
Personal Details of Your Witnesses
Witnesses Signature

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

Name 1) _____ 2) _____
Address _____
Signature _____
Place : _____
Date : _____

* Leave out if nominee is not a minor.
** 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.
*** Thumb impression shall be attested by 2 witnesses.
Witness is not required when the nomination forms are signed by the depositor.



JANAKALYAN SAHAKARI BANK LTD.

Acknowledgement DA 1

Date : _____

We acknowledge receipt of nomination made by you in favour of :

Name of the nominee _____ Age : _____ years.

with respect to your A/c. nos. _____

Yours faithfully,

Signature of bank official