

## **Sree Manjunatha Credit Co-Operative Society Ltd. (R)**

SL No. DRB-3/Regd./01/42157/2019-20

## NOMINATION FORM-DA 1

Nomination under section 45 ZA of the Bank (Nomination) Ru	ing Regulation Act, . ules, 1985 in respect o	· · · · · · · · · · · · · · · · · · ·	1) of The C	Co-operative Banks	
I/we					
[Name(s) and Address (es)] nominate the followin of the deposit in the account, particulars where <u>Operative Society Limited</u> (name address of bran	of are given below, n	nay be returned by			
Nature of deposit	Acc	Account No.		Additional details if any	
3.0		UPA			
Name & Address of nominee	Relationship	with depositor, if any	Δσρ	Date of birth of Nominee(if minor)*	
* As the nominee is a minor on this date, I / we appoint N	1r. / Mrs. / Ms:		1		
(Name, address and age) to receive the amount of my/our/minor's death during the minority of the Signature(s) / Thumb Impression (s) of Depositor  1st Account Holder  **Signature(s) –to be signed by all the joint account holders	nominee	ccount on behalf o		ninee in the event of	
Place:	Date:				
Witnesses					
*Only Thumb impression (s) shall be attested by two witness  Name and address – Witness 1	es ANDS TO D	Name and add	Iross Mid	tnoss 2	
Name and address – witness 1		Name and add	iress – wii	tness z	
Signature:	Signature	Signature:			
Place and date:	Place and date:				
*Not applicable if nominee is not a minor  ** Where deposit is made in the name of a minor, the nomin	ation should be signed by		led to act on	behalf of minor	
<u>-</u>	OR OFFICE USE ONLY	<u>L</u>			
Nomination Serial No: Date: _			Signatur	e(s) of Bank officials	
ACK	NOWLEDGEMENT - D	OA 1			
Name:Customer ld:		_ Account Numb	er:		
We acknowledge the receipt of nomination made	by you in favour of _		age	residing at	
		Si	gnature &	Date Receipt Stamp	