



NKGSB Co-operative Bank Ltd. (Multi-State Scheduled Bank)

FORM DA1 (Nomination Form)

Nomination U/s 45ZA read with Section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rules 1985 in respect of the deposits.

I / We _____ residing
at _____

Nominate the following person/s to whom in the event of my/our/minor's death, the amount of deposit, particulars whereof are given below, may be returned by NKGSB Co-operative Bank Ltd.

_____ Branch

Deposit A/c No./ FDR No.	Name & Address of the Nominee	Relationship with depositor	Age	Birth Date (in case of minor)

If Nominee is Minor, please fill in the following details :

As the nominee is minor, I/We appoint Shri/Smt/Mr/Ms _____

Address _____

Age _____ to receive the amount on behalf of the nominee in the event of my/our minor's death during the minority of the nominee.

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

Place : _____

Date : ____/____/____

Thumb impression (s) shall be attested by two witnesses

Name (s) _____

Name (s) _____

Address _____

Address _____
