The Sarangpur Co-Operative Bank Ltd.

Regd. & Admn. Office : 2nd Floor, Pritamnagar First Dhal, Ellisbridge, Ahmedabad-380 006.
Phone : (079) 2657 6799, 2657 7852 Fax : (079) 2658 7513

FORM DA 1

Branch : .....

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

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 whereof are given below, may be returned by **The Sarangpur Co-Operative Bank Ltd. ..... Branch**

Details of the Account

Nature of the Account	Account Number	Additional Details, if any

Nominee :

Name : _____

Address: _____

Relationship with depositor (if any) _____ Age ☐☐ Years

Print Nominee Name# [Y] [N] #Depending upon the option selected here, nominee name will get printed/not printed on statements, passbooks, etc.

If nominee is minor his / her date of birth [D D] [M M] [Y Y Y Y]

*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.

_____

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

Witnesses: ***

1. Signature Name : Address : Place : Date :	2. Signature Name : Address : Place : 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 impressions(s) to be attested by two witnesses.*

FORM DA 2

Cancellation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I / We having Branch

Name / s	Address / es

hereby cancel the nomination made by me/us in favour of

Name & Address	Relationship with depositor, if any	Age

Nature of the Account	Account Number	Additional Details, if any

Signature(s) **** Thumb impressions(s) of depositor(s)* *Date :* .....

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FORM DA 3

Branch : _____

Verification of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I / We

Name / s	Address / es

hereby cancel the nomination made by me/us in favour of

Name & Address	Relationship with depositor, if any	Age

and hereby nominate the following person to whom in the event of my/our/minor's death, the amount of deposit, particulars whereof are given below, may be returned by

Deposits

Nature of the Account	Distinguishing No.	Additional Details, if any

Nominee :

Name : _____

Address: _____

Relationship with depositor (if any) _____ Age [ ][ ] Years

Print Nominee Name# [Y] [N] #Depending upon the option selected here, nominee name will get printed/not printed on statements, passbooks, etc.

If nominee is minor his / her date of birth [D][D] [M][M] [Y][Y][Y][Y]

*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.

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

Witnesses: ***

1. Signature	2. Signature
Name :	Name :
Address :	Address :
Place : Date :	Place : 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 impressions(s) to be attested by two witnesses.