Form DA 1

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Co-operative Bank (Nomination) Rules, 1985 in respect of Bank Deposits

	Address/es
my/our/minor's death,	the deposit in the account(s), particulars
o-operative Bank Ltd.,	Branch.
unt Number	Additional Details, if any
	Age Years
elected here, nominee name w	ill get printed / not printed on statements, passbooks, etc
YYY	
	Age Years
	/our/ minor's death during the minority of
**Signati	urels) / Thumb impression(s) of depositor(s
2. Sianature	
Name:	
Address:	
Place:	Date:
	o-operative Bank Ltd., unt Number elected here, nominee name w YYY **Signature Name: Address:

^{*}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 impression(s) to be attested by two witnesses.