Form DA 3

Variation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Co-operative bank (Nomination) Rules, 1985 in respect of Bank Deposits

I / We						
Name/s			Address/es			
hereby cancel the nomination r	made by me/us i	n favour of				
Name & Address		Re	Relationship with depositor, if any		Age	
and hereby nominate the follow whereof are given below, may		hom in the eve	ent of my/our/mind	or's death, the amount	of deposit, particular	
Deposits						
Nature of the Account		Distingui	Distinguishing No.		Additional Details, if any	
Nominee:						
Name:						
Address:						
Relationship with depositor (if a	un d			Age	Years	
Print Nominee Name# [*Depending upo	on the option selec	red here, nominee name	will get printed / not printed o	on statements, passbooks, et	
If nominee is minor his/her date	e of birth DD	MM YY	Y			
*As the nominee is a minor on t	his date I/we ap	point				
Name:						
Relationship with minor*:				Age	Years	
to receive the amount of the de	eposit on behalf	of the nomine	e in the event of m	ny/our/ minor's death	during the minority o	
the nominee.						
Witnesses: ***			**Signo	ature(s) / Thumb impre	ession(s) of depositor(
1. Signature			2. Signature			
Name:			Name:			
Address:		Address:				
Place:	Date:		Place:	Date	Ð:	

^{*}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.