

20. In the Case Institution / Account operated by :-

A. Name of the 1st Person

Designation

Phone Mobile

B. Name of the 2nd Person

Designation

Phone Mobile

21 Introduced by

Name Signature

A/C Type A/C No.

22. Nomination

FORM DA 1
Nomination under Section 45 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 Bank Deposits.

I/We
[Name (s) and address (es)]
nominate the following person to whom in the event of my/our/minr's death the amount of the deposit, particulars where of are given below may/ to returned by the Alathur Service Co-operative Bank Ltd. Branch.

Nature	Distinguish No.	Additional details if any	Name	Address	Relationship with depositor, if any	If nominee is a minor, his date of birth

As the nominee is minor on this date, I/We appoint Shri. / Smt. Kum.
.....
(Name, address and age)
to receive the amount of the depositor on behalf of the nominee in the event of my / our / minor's death during the minority of the nominee.

Place : _____
Date : _____ Signature (s) / Thump impression (s) of depositor (s)

Sir,

Please open a Saving / Current / Daily Deposit Account in my / our name / firm in the books of the Bank for which I/We agree to comply with and be bound by the Bank's rules for the time being in force of the conduct of such accounts.
(If further declare that the above furnished details are true to the best of my knowledge)
Please issue me a Cheque book for operating purpose

I here by remit Rs..... as initial deposit for operating the account

Place : _____
Date : _____ Signature

Documents submitted for the address proof		
Office use only		
Documents obtained	1.	
	2.	
		Verified Officer