

**THE SARASWAT CO-OPERATIVE BANK LTD.
FORM DA 1**

Nomination under Section 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 Bank Deposits

I/We -----

nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by (Name of branch/Br code and address in which the deposit is held)

Nature of Deposit and Account Number	Name and address of Nominee	Relationship with the Depositor, if any	Age	If nominee is minor, his/her date of birth

As the nominee is a minor on this date. I/We appoint Mr/Mrs/Ms-----

(Name, address and age) 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.

Place:

Date:

1 st Account holder	2 nd Account holder	3 rd Account holder

Signature(s) / Thumb Impression (s) of Depositors

Only Thumb impression (s) shall be attested by two witnesses:

Signature of witness No1:

Name and address-----

Signature of witness No 2:

Name and address-----

Nomination Registration number ----- Date: -----

Acknowledgement -DA 1

We acknowledge receipt of nomination made by you with respect to your account no -----in favour of

-----Age-----residing at -----
-----.

Yours faithfully,

Signature of bank official with seal.