

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 _____

Name(s) and address(es)

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 and Address of branch/office in which deposit held)

Deposit			Nominee				
Nature of	Distinguishing No.	Additional Details, if any	Name	Address	Relationship with depositor, if any	Age	If nominee is a minor, his date of birth

2. As the nominee is a minor on this date. I/We appoint Shri / Smt. / Kum. _____

Place:

Date:

Name (s) Signatue (s) and
Address (es) of witness (es) @

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

Strike out if the nominee is not a minor

@ Thumb impression (s) shall be attested by two witnesses