



SHRI MAHALAXMI CO-OP BANK LTD., KOLHAPUR
167 "B", SHREE BHAVAN, MANGALWAR PETH, KOLHAPUR-012.PH.0231-2543837

Form DA 1

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

I/We	Name/s	Address/es

Nominate the following person to whom of my/our/minor's death, the deposit in the account(s), particulars where are given below, may be returned by Shri Mahalaxmi Co-op. Bank Ltd., Kolhapur Branch.

Details of the Account		
Nature of Account	Account Number	Additional Details, if any

Nominee	
Name	:
Address	:
Relationship with 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

Name : _____ Age: _____

Address: _____

To receive the amount of the deposit on behalf of the nominee in the event of my/own/minor's death during the minority of the nominee.

*Signature(s)/Thumb impression(s) of depositor (s)

Witness ***

Name : _____ Name : _____

Signature: _____ Signature: _____

Address: _____ Address: _____

Date: _____ Date: _____

*Strike out if nominee is a not a minor. ** Where deposit is made in the name of a minor the nomination to be signed by a person lawfully entitled to act on behalf of the minor. *** Thumb impression(s) to be attested by two witness.

Acknowledgement

We acknowledge your Nomination Form DA1 relating to :

Nature of the Account	Account Number	Additional Details, if any

In the name of _____ held with us. Please quote the Nomination Form No. _____ in all your future correspondence with us in this regard.