JAIN CO-OPERATIVE BANK LTD.

ESTD. 1939

Branch _____

Account No. _____

Mandate for FD/RD Account

Applicant 1 (Cust_ID) _____	Applicant 2 (Cust_ID) _____
Name : _____	Name : _____
S/O, W/O, D/O _____	S/O, W/O, D/O _____
Address: _____	Address: _____
Gender : M/F/O _____	Gender : M/F/O _____
Date of Birth _____	Date of Birth _____
Occupation _____	Occupation _____
Adhaar No. : _____	Adhaar No. : _____
PAN No. _____	PAN No. _____
Mob. _____	Mob. _____
Passport size photo of Applicant 1	Passport size photo of Applicant 2
Specimen signature of Applicant 1	Specimen signature of Applicant 2
1. _____	1. _____
2. _____	2. _____

Operation Instructions :	Signature :
1. Self 2. Either and survivor 3. Former and survivor 4. Jointly 5. Anyone or survivor /s 6. Others (Pl. Specify) (Tick Applicable Option) **Renewal Instructions :** 1. Auto renewal 2. Renewal on Request (Tick Applicable Option)	1. 1st Applicant _____ 2. 2nd Applicant _____ 3. 4.

Nomination under Section 45ZA of the Banking Regulations Act, 1949 and Rule2 (1) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I/We .....

.....

(Name (s) and Address of Depositors) 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 Jain Co-operative Bank Ltd.

NOMINEE DETAILS

Name	Address	Relationship with Depositor, if any	Age	Date of Birth (If Nominee is a Minor)

As the nominee is a minor on the date, I/We appoint Mr. / Ms.....aged.....
(name/addres & age of Guardian) 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.

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

Place : _____

Date : _____

Witnesses :
(1)

(2)
(Name(s), Signature(s) and Address of Witness/s)

FOR OFFICE USE ONLY

Date of A/c opening

Opened by _____ Sign. _____

Verified by _____ Sign. _____

Manager _____ Sign. _____