Form DA-1 Nomination Form

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

I/We .....

.....

(Name (s) and Address(s) of Depositors) nomination 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, address & 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. _____

Form DA 2

Form DA 2 Cancellation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I / We having with Jain Co-operative Bank Ltd. Branch

Names	Addresses

hereby cancel the nomination made by me/us in favour of

Name & address	Relationship with depositor, if any	Age

Signature

Form DA3

Variation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of Bank Deposits

I/We

Name/s	Address/es

her by cancel the nomination made by me/us in favour of

Name & address	Relationship with depositor, if any	Age

and here by nominate the following person to whom in the event of my/our/minor's death the amount of deposit, particulars whereof are given below may be returned by

Deposits

Nature of	Distinguishing No.	Additional details, if any

Nominee

Name & address	Relationship with depositor, if any	Age	If nominee is a minor, his date of birth

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum. _____ *(name & address)* 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 :

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

Witness : ***

1. Signature Name Address Place : Date :	2. Signature Name Address Place : Date :

**Where deposit is made in the name of a minor, the cancellation of nomination should be signed by a person lawfully entitled to act on behalf of the minor.*

****Thumb impression(s) shall be attested by two witnesses.*

#Strike out if nominee is not a minor.