



THE ADARSH COOPERATIVE URBAN BANK LIMITED

Branch Name and Branch Code:

Date:

FORM – DA-3- CHANGE OF NOMINATION FOR DEPOSITS

Modification/ Change of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Co-operative Banks (Nomination) Rules, 1985 in respect of Co-operative Bank Deposits

I / We

Name/s	Address/es

cancel the nomination made by me/us in favour of

Name and Address	Relationship with depositor, if any	Age

and hereby nominate the following person(s) to whom in the event of my/our/minor's death, the amount of deposit, particulars whereof are given below, may be returned by The Adarsh Cooperative Urban Bank Limited.

Details of Deposits

Nature of the Account	Distinguishing Number	Additional Details, if any

Note: Any one Nomination, Either Successive Nomination or Simultaneous Nomination is accepted.

☐ **Successive Nomination:** Four persons can be nominated. In case of death of the applicant, the amount is paid to the First Nominee as long he is alive. In case of death of the First Nominee the amount is paid to the Second Nominee. In case of death of the Second Nominee, the amount is paid to third nominee and in case of death of the third nominee, the amount is paid to the fourth nominee.

Sl No.	Name of the Nominee	Date of birth of the Nominee	Relationship with the Applicant	Address

☐ **Simultaneous Nomination:** Four persons can be nominated with proportionate share to each nominee. In case of death of the applicant, the amount is paid to the Nominee as per the shares mentioned.

Sl No.	Name of the Nominee	Date of birth of the Nominee	Relationship with the Applicant	Address	Share (%)

In case any of the nominee mentioned above is a minor on the date of nomination, I/We appoint the guardian (as per the details provided below) 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.

Sl. No.	Name of the Nominee, in case of Minor	Date of the birth of the Nominee	Name of the Guardian	Relationship with the Nominee	Guardian's address

Witnesses: ***

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

1. Signature Name: Address: Place: Date:	2. Signature Name: Address: Place: Date:
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***Thumb impression(s) to be attested by two witnesses

ACKNOWLEDGEMENT

We acknowledge receipt of your Nomination Form DA3 for modification/change relating to:

Nature of Account	Account Number	Name of the Account holder	Nomination Number	Additional details, if any

Please quote the Nomination Number in all your future correspondence with us in this regard.

For The Adarsh Cooperative Urban Bank Ltd

Branch Manager
Branch Name
Date: