



THE ADARSH COOPERATIVE URBAN BANK LIMITED

Branch Name and Branch Code: _____

Date: _____

FORM DA-1 -DEPOSITS

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

I / We

Name/s	Address/es

nominate the following person(s) as the Nominee (**under Successive Nomination/ Simultaneous Nomination** (strike out whichever is not applicable) for this deposit to whom in the event of my/our death, the amount of deposit in the Account particulars whereof are given below may be returned by The Adarsh Cooperative Urban Bank Ltd.

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 in the Nomination form.

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

Signature/Thumb Impression(s) of all the applicant (s)

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Witness 1.

Witness 2

Name:

Name:

Signature:

Signature:

Address:

Address:

Place:

Place:

Date:

Date:

When the deposit is made in the name of a Minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. Thumb Impression shall be attested by two witnesses. If witness is by an employee of Adarsh Bank, employee number, office address should be provided along with the official stamp. Nomination can be made in favour of Maximum of four individuals

+++++

ACKNOWLEDGEMENT

We acknowledge receipt of your Nomination Form DA1 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: