

Place:

Date:

## THE ADARSH COOPERATIVE URBAN BANK LIMITED

Branch Name a	nd Branch	ı Code:
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sDate:

## **FORM SL-2- SAFE DEPOSIT LOCKERS**

vvc sole/ joint micrs	of the locker				
	Name/s		Address/es		
hereby cancel the	nomination(s) made by	me/ us in favor o	f the following p	ersons:	
•	Name/s		Address/es		
	ivairie/s		A	dui ess/ es	
Place:		,			
Date:		* Sig	*Signature(s)/ Thumb Impression(s) of locker hirer (s)		
Name(s), Signatur Address(es) of Wi			of locker filter	(5)	
Where the locker is a person lawfully		half of the mino	r.	of nomination should be	
=======	=========	ACKNOWLEDG	====== <u>EMENT</u>	==========	
We acknowledge	receipt of Form SL-2 for	cancellation of n	omination relatir	ng to:	
Locker Type	Locker Number	Name of the	Nomination	Additional details, if	

**Branch Manager** Branch Name: