



Nomination Form (Form DA – 1)

[Nomination under Section 45 ZA of the Banking Regulation Act, 1949 and rule 2(I) of the Banking Companies (Nominations) Rules, 1985 in respect of bank deposits]

I/We [name(s) and addresse(s) of account holder(s)] _____

Nominate the following persons 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 New India Co-operative Bank Limited, _____ branch.

Deposit:		Nominee:				
Nature of deposit Distinguishing No.:	Additional details, if any	Name	Address	Relationship with depositor, if any	Age (years)	Date of birth (If nominee is a minor)

* As the nominee is a minor on the date I/We appoint Mr./Mrs./Ms. _____

Age _____ years. Address _____

To receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death(s) during the minority of the nominee.

• Signature/Thumb Impression of Applicant(s)

1st Account Holder

2nd Account Holder

3rd Account Holder

4th Account Holder

Date: _____

Place: _____

@ Witness:

Name: **1** _____

Address: _____

Name: **2** _____

Address: _____

* Strike out if nominee is not minor.

● Where deposit is made in the name of the minor, the 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.

For office use only

Nomination registered by:

Name of the official

Signature & Date

Registration No.

Verified by:

Branch

Name of the official

Signature & Date

Processed by:

Name of the official

Signature & Date

Approved by:

Name of the official

Signature & Date