

# THE SOCIAL CO-OPERATIVE BANK LTD.

NR. KHAMASA GATE, AHMEDABAD

Phone: 25350416, 25352065

## FORM DA 1

Nomination under section 45DA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking companies (Nomination) Rules 1985 in respect of Bank Deposits.

I / We \_\_\_\_\_  
(Names and addresses)

I 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 \_\_\_\_\_  
(Names and address of Branch)

(Office in which deposit is held)

Nature Of	Destin- guishing To	Deposit:		Nominee:		
		Additional details if any,	Name:	Address:	Relation with depositor, If any	Age- If nominee is a minor his Dt. Of Birth

\*As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum.

(Name, address and age)

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 impression(s)  
Of depositor(s)

Name(s), signature(s) and  
Address(es) of witness(es)\*\*\*

\*strike out if nominee is not a minor.

\*\*where 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.