FORM DA – 1

Nomination under section 45 ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2 (1) of the Co-operative Bank (Nomination) Rules 1985 in respect of the Bank Deposits.

I/We						
		[Name(s) and Address	(es)]		
		•	whom in the event of fare given below. May	-		
	[Name	and Addre	ss of branch / office in	which deposit is I	held]	
THE S	IRSI URBAN S	AHAKARI E	BANK LTD.,			Branch
DEPOSIT				NOMINEE		
Nature of	Distinguishing No.	Additional Deposit If any	Name and Address	Relationship with depositor if any	Age	If Nominee is minor his date of birth
* As th	e Nominee is a	minor on th	nis date. I /We appoint	Shri/ Smt. Kum		
			[Name, Address and A	 \ge]	to	receive the

[P.T.O]

amount of the deposit on behalf of the nominee in the ev	vent of my / our / minors 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)	
*	
*	

^{*} Where deposit is made in the name of a minor, the nomination should be signed by person lawfully entitled to act on behalf of the minor.

^{*} Strikeout if nominee is not a minor.

^{*} Thumb Impression(s) shall be attested by two witnesses.