

with respect to your A/c. nos. _____

The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

FORM - DA 1 NOMINEE ADDITION FORM

| | NOMI | INATION | | |
|--|-----------------------|-------------------------------------|------------------------|---------------------------------------|
| Nomination under Section 45 ZA of the Ba 1985 in respect of Bank deposits. | nking Regulation Ac | t 1949 and Rule 2(1) of the | e Banking Compa | nies (Nomination) Rule |
| I/We | | | | |
| ,,,, | Name (s) a | and address(es) | | |
| nominate the following person to whom i | | | | ne account, particulars |
| whereof are given below, may be returned | by The Gujarat State | Co-op. Bank Ltd., | (Name of branch | where account is held). |
| | DE | POSIT | | |
| Nature of Deposit | Acco | ount No. | Additional | details, if any |
| | | | | |
| | | | | |
| PER | SONAL DETAIL | S OF YOUR NOMIN | IEE | |
| Name, Address & Contact no. o (USE CAPITAL LETTER O | | Relationship with Depositor, if any | Age | Date of Birth of Nominee |
| | | | | |
| | | | | |
| *As the nominee is a minor on this date, I/V | Ve appoint | | | |
| | | Name, address & a | | |
| to receive the amount of the deposit in the | ne Account on behal | f of the nominee in the e | vent of my/our/mi | nor s death during the |
| ninority of the nominee. PERSONAL DE | ETAILS AND SIC | NATURE OF YOUR | R WITNESSES | |
| Name: 1) | | | | |
| Address: | | | | |
| Signature: | | | | |
| Place: | | | | |
| Date: | | | | |
| *Signature/***Thumb impression of 1st Applicant | _ | Thumb impression Applicant | | /***Thumb impression 3rd Applicant |
| t Leave out if nominee is not a minor. ** Where deposit is made in the name of a min *** Thumb impression shall be attested by 2 w | | ould be signed by a person | lawfully entitled to a | ct on behalf of the minor. |
| FOR BANK USE ONLY Nomi | nation Serial No.: | | | |
| G SC | Acknowled | gement - DA 1 | | ate: |
| GSC BANK We acknowledge receipt of nomination m | | | | |
| Ne acknowledge receipt of nornination in | iade by you iii iavou | ii Oi. | Age: | vears. |

Yours faithfully,



The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

FORM - DA 2 NOMINEE DELETION FORM

Cancellation of nomination under section 45ZA of the Banking Regulation Act,1949 and Rule 2 (5) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

| /We | | | |
|--|--|----------------------------------|---------------------|
| (name (s) a | nd address (es) USE CAPITAL LETTER ON | NLY) | |
| nereby cancel the nomination made by | me/us in favour of | | |
| | | | |
| | (name and address) | | in respect |
| of | | | |
| | (give details of deposit) | | |
| ersonal Details Of Your Witnesses @ | <u>a</u> | | |
| lame : 1) | 2) | | |
| ddress: | | | |
| | | | |
| ignature : | | | |
| lace: | | | |
|)ate : | | | |
| | | | |
| | | | |
| | | | |
| *Signature/*Thumb impression of 1st Applicant | *Signature/*Thumb impression of 2nd Applicant | *Signature/*Thuml of 3rd Appl | |
| Where deposit is made in the name of a mino | or, the cancellation of nomination should be signed by | / a person lawfully entitle | ed to act on |
| behalf of the minor. Thumb impression(s) shall be attested by two | o witnesses | | |
| Than is impression (c) or all be allosted by the | s mares | | |
| 40. | Acknowledgement - DA 2 | | |
| | juest for nomination made by you in favour of : | | |
| | | Age: | years. |
| vith respect to your A/c. nos | | Yours fa | aithfu ll y, |



The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

FORM - DA 3 NOMINEE MODIFICATION FORM

Variation of nomination under sections 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

| /We, | | | | | | | |
|--|--|--|--|--|--|---|--|
| | | (name (s) and a | ıddress (es) US | E CAPITAL LETT | ER ONLY) | | |
| ancel the | nomination mad | de by me/us in fa | vour of | | -lu 0 O | | |
| | | | | (Name, add | dress & Contact n | 10) | |
| | | | | | | | $_{ m a}$ and hereby |
| nominate th | he following per | rson to whom in t | he event of my | / our / minor's de | ath the amount of | f me de | posit, |
| oarticulars | whereof are giv | en below mav be | returned by. T | he Guiarat State (| Co-op. Bank Ltd., | | |
| | 3 | , | , | , | , | | |
| | (| name and addres | ss of branch / c | ffice in which dep | oosit is held) | | |
| Deposit | | | Nominee | | | | |
| Nature of Deposit | Distinguishing Account No. | Additional details, if any, | Name | Address & Contact no. | Relationship with depositor if any | Age | If nominee is a minor, date of birth |
| | | | | | | | |
| o receive t minority of Personal D Name: Address: | he amount of th the nominee. Details Of Your 1) | ne deposit on beh | (name, addres | s and age) nee, in the event o | of my / our / mino | r's deatl | h during the |
| o receive to minority of Personal Endame: Address: Bignature: | he amount of th the nominee. Details Of Your 1) | ne deposit on beh Witnesses @ | (name, addres | s and age) nee, in the event o | of my / our / mino | r's deatl | h during the |
| o receive to minority of Personal Evame: Address: Signature: Place: | he amount of th the nominee. Details Of Your 1) | ne deposit on beh Witnesses @ | (name, addres | s and age) nee, in the event o | of my / our / mino | r's deatl | h during the |
| o receive to minority of Personal Delame: Address: Bignature: Place: | he amount of th the nominee. Details Of Your 1) | ne deposit on beh Witnesses @ | (name, addres | s and age) nee, in the event o | of my / our / mino | r's deatl | h during the |
| o receive to minority of Personal Ename: Address: Bignature: Place: Date: *Signature | he amount of th the nominee. Details Of Your 1) | ne deposit on beh | (name, addres | s and age) nee, in the event of | of my / our / mino | r's deatl | h during the |
| o receive to minority of Personal Enderess: Address: Bignature: Place: Date: *Signature of Where deponants to the control of | he amount of the the nominee. Details Of Your 1) | witnesses @ sion * | (name, addres | s and age) nee, in the event of | of my / our / mino | r's deatl | h during the |
| o receive to minority of Personal Evame: Address: Bignature: Place: Oate: *Signature of Where deposition of the strike out if Thumb imp | he amount of the the nominee. Details Of Your 1) | witnesses @ sion * ame of a minor, the var nor ested by two witnesses | (name, address nalf of the nominal of the nominal of 2nd Apriation of nomination s. | s and age) nee, in the event of | *Signature of: | e/*Thuml 3rd Appl | h during the |
| o receive to minority of Personal Delame: Address: Signature: Place: Value: *Signature of: Where depired to Strike out if the mobiling of the | he amount of the the nominee. Details Of Your 1) | witnesses @ sion * ame of a minor, the var nor ested by two witnesses Ack | (name, address nalf of the nominal of the nominator of 2nd Appination of nomination of 2nd Appination of | s and age) nee, in the event of | *Signature of a person lawfully entitle | e/*Thuml 3rd Appl | h during the |
| receive to | he amount of the the nominee. Details Of Your 1) | witnesses @ sion * ame of a minor, the var nor ested by two witnesses Ack | (name, address all of the nominal of the nomination of nomination of nomination main nomination main nomination main nomination main address and nomination address | s and age) nee, in the event of | *Signature of a person lawfully entitle | e/*Thuml 3rd Appl ed to act o ate: | h during the |