



The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

FORM - DA 1 NOMINEE ADDITION FORM

NOMINATION

Nomination under Section 45 ZA of the Banking Regulation Act 1949 and Rule 2(1) of the Banking Companies (Nomination) Rule 1985 in respect of Bank deposits.

I/We _____
Name (s) and address(es)

nominate the following person to whom in the event of my/our/minor s death the amount of deposit in the account, particulars whereof are given below, may be returned by The Gujarat State Co-op. Bank Ltd., _____
(Name of branch where account is held).

DEPOSIT

Nature of Deposit	Account No.	Additional details, if any

PERSONAL DETAILS OF YOUR NOMINEE

Name, Address & Contact no. of nominee (USE CAPITAL LETTER ONLY)	Relationship with Depositor, if any	Age	Date of Birth of Nominee

*As the nominee is a minor on this date, I/We appoint _____
Name, address & age

to receive the amount of the deposit in the Account on behalf of the nominee in the event of my/our/minor s death during the minority of the nominee.

PERSONAL DETAILS AND SIGNATURE OF YOUR WITNESSES

Name: 1) _____ 2) _____
Address: _____
Signature: _____
Place: _____
Date: _____

Signature/*/Thumb impression
of 1st Applicant

Signature/*/Thumb impression
of 2nd Applicant

Signature/*/Thumb impression
of 3rd Applicant

* Leave 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.

*** Thumb impression shall be attested by 2 witnesses.

FOR BANK USE ONLY

Nomination Serial No.:



Acknowledgement - DA 1

Date: _____

We acknowledge receipt of nomination made by you in favour of:

Name of the nominee _____ Age: _____ years.

with respect to your A/c. nos. _____

Yours faithfully,

Signature of bank official with seal



Signature of bank official with seal



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

I/We, _____
(name (s) and address (es) USE CAPITAL LETTER ONLY)

cancel the nomination made by me/us in favour of _____
(Name, address & Contact no)

_____ and hereby
nominate the following person to whom in the event of my / our / minor's death the amount of me deposit,
particulars whereof are given below may be returned by, The Gujarat State Co-op. Bank Ltd., _____

(name and address of branch / office in which deposit 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

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.

Personal Details Of Your Witnesses @

Name:	1) _____	2) _____
Address:	_____	_____
Signature:	_____	_____
Place:	_____	_____
Date:	_____	_____

*Signature/*Thumb impression
of 1st Applicant

*Signature/*Thumb impression
of 2nd Applicant

*Signature/*Thumb impression
of 3rd Applicant

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

£ Strike out if nominee is not a minor

@ Thumb impression shall be attested by two witnesses.



Acknowledgement - DA 3

Date: _____

We acknowledge receipt of request for change in nomination made by you in favour of :

Name of the nominee _____ Age: _____ years.

with respect to your A/c. nos. _____

Yours faithfully,

Signature of bank official with seal