THE GODHRA URBAN CO-OPERATIVE BANK LTD.

Rana Vyas Marg, Near Bethak Mandir, GODHRA - 389 001. Ph. (02672) 241571, 251435, 247492
Email ID-godhraurban_2006@yahoo.co.in

NOMINATION FORM DA1

The Manager / Officer

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

I/We_____ (Name residing at_____

_____ (Address)

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 resumed by the Godhra Urban Co.-Operative Bank Ltd. _____

(Name of branch where account is held)

DEPOSIT

Nature of Account	Account No.	Additional details if any
SB		
CD		
FD		
DS		

NOMINATION

Name & Address	Relationship with Depositor, if any	Age if nominee is a minor his date of birth

As the nominee is a minor on their date, I/We appoint_____ (Name)

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.

Name of Witness : _____

Signatures of Depositors : _____

Address of Witness : _____

Signature of Witness : _____

Place : _____

Date : _____

FOR BRANCH USE ONLY

Particulars of From DA1 (if received) entered in Nomination Register Sr. No._____

Dt_____

Manager/Officer_____ Clerk_____