



THE SAURASHTRA CO. OPERATIVE BANK LTD.

(Estd. : 1983)

Phone : 079 - 2274 5288, 2277 7331
E-mail : saurashtrabank@yahoo.co.in
Fax : 2274 6300

Head Office :
2nd Floor, Bank's Building, Nikol Road
Opp. Bhidbhanjan Hanuman Temple,
Bapunagar, Ahmedabad-380 024.

Form DA 1

Nomination under Section 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/s	Address/es

nominate the following person to whom in the event of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be returned by THE SAURASHTRA CO-OPERATIVE BANK, _____ Branch.

Details of the Account

Nature of the Account	Account Number	Additional Details, if any

Nominee:

Name: _____

Address: _____

Relationship with depositor (if any) Age Years

Print Nominee Name# ☐ Y ☐ N *Depending upon the option selected here, nominee name will get printed / not printed on statements, passbooks, etc.

If nominee is minor his/her date of birth

*As the nominee is a minor on this date I/we appoint

Name: _____

Address: _____

Relationship with minor*: Age Years

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.

**Signature(s) / Thumb impression(s) of depositor(s)

Witnesses: ***

1. Signature		2. Signature	
Name:		Name:	
Address:		Address:	
Place:	Date:	Place:	Date:

*Strike out if nominee is a not a minor.

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

*** Thumb impression(s) to be attested by two witnesses.

Branch
Phone
Fax

Bapunagar
2274 4496
2274 6300

Thakkarbapanagar
2270 5288
2270 4496

Odhav
2287 0977
2287 0988