(Estd. : 1983)

HE SAURASHTRA CO. OPERATIVE BANK LTD

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 3

Variation of Nomination under Section 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	Address/es

hereby cancel the nomination made by me/us in favour of

Name & Address	Relationship with depositor, if any	Age

and hereby nominate the following person to whom in the event of my/our/minor's death, the amount of deposit, particulars whereof are given below, may be returned by

Deposits

Nature of the Account	Distinguishing No.	Additional Details, if any
Nominee:		
Name:		
Address:		
Relationship with depositor (if any)		Age Years
Print Nominee Name# Y Nepending	upon the option selected here, nominee name w	rillget 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	/we appoint	
Name:		
Address:		
Relationship with minor*:		Age Years
to receive the amount of the deposit on beha	If of the nominee in the event of my	/our/minor's death during the minority of
the nominee.		

Witnesses: ***

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

2. 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.

Phone 2274 4496 2	karbapanagar Odhav 270 5288 2287 0977 270 4496 2287 0988
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