



THE AHMEDABAD MERCANTILE CO-OPERATIVE BANK LTD.
(MULTI STATE SCHEDULED BANK)

_____ Branch

FORM DA1

Nomination under section 45ZA to 45ZF of the Banking Regulation Act, 1949 and 2 (1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits

I/we _____
_____ (name and address)

nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Ahmedabad Mercantile Co-operative Bank Ltd. _____ Branch

Deposit			Nominee				
Nature of Deposit	Distinguishing No.	Additional details (if any)	Name of Nominee	Address of Nominee	Relationship with depositor (if any)	Age	If nominee is a minor her/his date of birth

2. 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.

Place :

Date :

Name (s) Signature (S) and
address (es) of witness (es) @

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

- 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.
- Strike out if nominee is not a minor.

@ Thumb impression(s) shall be attested by two witnesses.