

THE KRISHNAGAR CITY CO-OPERATIVE BANK LTD.



REGD. OFFICE : KRISHNAGAR
DIST. NADIA (W.B.)

Form DA-1 Nomination Form

(For Individual / Sole proprietor concern only)

Nomination under section 45ZA to 45ZF of the Banking Regulation A/c 1949 and 2(i) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We _____ name(S)
and address(es) nominate the following persons to whom in the event of my/ our/ minor's death, the amount of the deposit, particulars whereof are given below maybe returned by The Krishnagar City Co-operative Bank Ltd.

A/c No.	A/c Type	Name of Nominee	Relationship with Nominee	AGE/DOB of Minor*
Nominee's CIF			Gurdian's CIF	

Address of Nominee :

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*As the nominee is a minor of this date, I/We appoint Shri/Smt/ Kumari _____

(Name Address and Age) to receive the amount of deposit.

On be half of the nominee in the event of my / our /minors death during the monirity of the nominee.

Signature, Name and Address of Witness#	*Signature /Thumb Impression of Depositors
Date	Date

#Signature(s) of depositor(s) should be witnessed by one person, thumb impression(s) of depositor(s) should be witnessed by two person(s)