

THE VAISH CO-OPERATIVE NEW BANK LTD.

NOMINATION FORM DA1

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

I/We _____
 (name(s) and address(es) 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, may be returned by The Vaish Co-operative New Bank Limited, _____ (name of branch where account is held).

Nature of Deposit	Account No.	Additional details, if any	
Name & Address of Nominee	Relationship with Depositor, if any	Age	Date of Birth of Nominee (if minor) *

* As the nominee is a minor on this date, I / We appoint Mr./Ms. _____ (name),
 _____ (Address)
 _____ (Age) to 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.

WITNESSES:

Name and Address	Name and Address
Signature	Signature
Place and Date:	Place and Date:

*Not applicable if nominee is not a minor

FOR BRANCH USE ONLY

Particulars of Form DA 1(if received) entered in Nomination Register Serial No.

Date: _____

Signature(s) of Bank Officials

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