

## 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 of my/our/minor's death, the deposit in the account(s), particulars whereof are given below, may be returned by Vasai Janata Sahakari bank Ltd., \_\_\_\_\_ Branch.

Details of the Account		
Nature of Account	Account Number	Additional Details, if any

Nominee		
Name	:	
Address	:	
Relationship with depositor, if any	:	
Age	:	
If nominee is minor, his / her date of birth	:	

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

to receive the amount of the deposit on behalf of the nominee in the event of my/own/ minor's death during the minority of the nominee.

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

## Witnesses \*\*\*

Name:

Name:

Signature:

Signature:

Address:

Address:

Place:

Place:

Date:

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.

## Acknowledgement

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We acknowledge your Nomination Form DA1 relating to:

Nature of the Account	Account Number	Additional Details, if any

In the name of \_\_\_\_\_ held with us. Please quote the Nomination Number \_\_\_\_\_ in all your future correspondence with us in this regard.

For Vasai Janata Sahakari Bank Ltd.

Authorised Signatory