



# The Kalupur Commercial Co-op. Bank Ltd.

SINCE : 1970

Multi State Scheduled Bank

H.O.: "Kalupur Bank Bhavan", Nr. Income-tax Circle, Ashram Road, Ahmedabad.

## FORM DA1

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

I / We, \_\_\_\_\_

(name(s) and address(es))

hereby 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 below, may be returned by The Kalupur Comm. Co.Op. Bank Ltd., \_\_\_\_\_ Branch.

Account Details			Nominees(s)			
Nature of Account	Account No.	Additional Details, if any	Name, Address & Contact No.	Relationship with Hirer, if any	Age	Nominee's date of birth (if minor)

Name & Address of Guardian (if nominee is minor) \_\_\_\_\_

Place :

Date :

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

Witness(es) with Name & Address	Signature

----- tear here -----

## ACKNOWLEDGEMENT - DA1

We acknowledge receipt of nomination made by you in favour of \_\_\_\_\_

(name, address and age of new nominee(s))  
in respect of the Account No. \_\_\_\_\_.

Yours faithfully,

Date :

Signature of Bank official with seal