

KANKARIA MANINAGAR NAGARIK SAHAKARI BANK LIMITED

NOMINATION FORM – DA 1

NOMINATION

Nomination under section 45 ZA 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) 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 below, may be returned by Kankaria Maninagar Nagarik Sahakari Bank Ltd, _____ (Name & address of branch in which deposit is held)

DEPOSIT

Nature of Deposit	Account No	Additional details if any

PERSONAL DETAILS OF YOUR NOMINEE

Name, Address & Contact no. of nominee (USE CAPITAL LETTERS ONLY)	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 Shri/Smt./Kum _____ (name, address and 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

Personal Details and Signature of your witness***

Name	1) _____	2) _____
Address	_____	_____
Signature	_____	_____
Place:	_____	_____
Date:	_____	_____

Signature/Thumb
impression of 1st applicant

Signature/Thumb
impression of 2nd applicant

Signature/Thumb
impression of 3rd applicant

* Leave out if nominee is not a minor

** 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 minor

***Thumb impression shall be attested by 2 witnesses

KANKARIA MANINAGAR NAGARIK SAHAKARI BANK LIMITED

NOMINATION CANCELLATION FORM DA 2

Cancellation of nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies {Nomination} Rules, 1985 in respect of bank deposits

I/We _____

[names(s) and address(es)]

hereby cancel the nomination made by me/us in favour of Shri /Smt /Kum _____

_____ (name and address) in respect of Following deposits.

Nature of deposit	Account No.	Additional details if any

Personal Details and Signature of your witness***

Name 1) _____ 2) _____

Address _____ _____

Signature _____ _____

Place: _____ _____

Date: _____ _____

Signature/*/Thumb
impression of 1st applicant

Signature/*/Thumb
impression of 2nd applicant

Signature/*/Thumb
impression of 3rd applicant

** 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 minor

***Thumb impression shall be attested by 2 witnesses

KANKARIA MANINAGAR NAGARIK SAHAKARI **BANK LIMITED**

NOMINATION VARIATION FORM DA 3

Variation of nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of bank Deposits

I/We _____
[Names(s) and address(es) USE CAPITAL LETTER ONLY]

cancel the nomination made by me/us in favour of Mr./ Mrs _____

(Name, address & Contact no.)

and hereby 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 Kankaria Maninagar Nagarik Sahakari Bank Ltd _____ (Name & address of branch in which deposit 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 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

Personal Details and Signature of your witness***

Name	1) _____	2) _____
Address	_____	_____
Signature	_____	_____
Place:	_____	_____
Date:	_____	_____

Signature/Thumb
impression of 1st applicant

Signature/Thumb
impression of 2nd applicant

Signature/Thumb
impression of 3rd applicant

*Leave out if nominee is not a minor

** 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 minor

***Thumb impression shall be attested by 2 witnesses