



FORM DA 1
(Nomination)

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

Hereby nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account (whose details are given below) may be returned by the **Gandhidham Mercantile Co-Op. Bank Ltd., Gandhidham.**

BANK DEPOSIT DETAILS													
Account Number												Additional Details, if any	
1	0	0	1										
1	0	0	1										

Nominee Details

Name & Address	Relationship	Date of Birth

As the nominee is a minor on this date, I/We appoint Mr./Ms.
..... (Name & address of the Guardian) 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.

Name(s), Signature(s) and Address of Witness(s)	Signature(s)/Thumb impression(s) of Depositor(s)
(1) _____ (2) _____	× Place _____ Date _____

NOTE:

1. Where Deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.
2. Thumb impression(s) shall be attested by two witnesses.