

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 The Women's Co-op. 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:	The Women's Co-operative Bank Ltd.	Name:	The Women's Co-operative Bank Ltd.
Signature:	Akash-Bhavan,	Signature:	Akash-Bhavan,
Address:	810 June Road, Opp Mathias Place	Address:	810 June Road, Opp Mathias Place
Place:	Panaji - Goa 401001	Place:	Panaji - Goa 401001
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

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 The Women's Co-operative Bank Ltd.

Authorised Signatory