

Specimen Signature

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NOMINATION FORM DA 1

Nomination under sec. 45ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2(1) of the Co-operative Banks (Nomination) Rule 1985 in respect of Bank Deposit

I/We _____
[Name(s) & 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 where of are given below, may be returned by THE MAHARASHTRA MANTRALAYA & ALLIRD OFFICE CO-OP. Bank Ltd. _____ Branch.

Nature of Deposit & number	Name & Address of Nominee	Relationship with Depositor, if any	Age	If nominee is a minor, his date of birth

* As the nominee is a minor this date. I/We appoint _____ to receive the amount of the deposit in the Account on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

Place : _____

Date : _____ ** Signature (s) / # Thumb impression(s) of Depositors

Signature of witness No. 1 _____	Signature of witness No. 2 _____
Name(s) _____	Name(s) _____
Address(es) _____	Address(es) _____

**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 shall be attested by two witness.

Nomination Resgistration No. _____ Date : _____

Signature of Account Holder _____

Signature & Code No. of Brancg Official _____ Acknowledgment of nomination received on _____

Terms and conditions regarding collection of Cheques /Bills and other instrument. The Bank at is option but at the risk & responsibility of the account holder may.

(1) Collect Proceeds of the instruments lodges by the Account holder from time to time. (2) Appoint an agent/s to collect the proceeds of the instrument lodged by the Account holder and as such agent/s appointed shall be the agent/s of the Account holder to collect such instruments. (3) Recover proceeds of instruments lodged by the Account holder by way of Bank Draft/Cheques or any other mandate in lieu of cash. (4) Take action / steps as deemed necessary to have proceeds of the instruments lodged. (5) The Bank is hereby empowered to recover the various charges, if any, by debiting the same to the Account holder.

I/We agree to agree to comply with and be bound by the Banks Rules for the time being in force for the conduct of such account. I/we authorize the bank to collect bill, cheques etc. for and on behalf if me / us and undertake to abide by and be bound by the Terms and conditions in this behalf.

SPL. INSTRUCTION FOR TERMS DEPOSITS :-

"In the event of death of any of the joint depositors prior to maturity of the deposit, the Bank will be, at the request of the surviving depositor or all surviving depositors at liberty though noy bound and at its absolute discretion to add / delete any name or to repay the deposit before maturity or grant an advance against the security therof, on such terms and conditions as the Bank may decide and such payment before maturity shall constitute a valid discharge to the Bank.

Branch _____	Date : _____	
Customer ID _____	Account No. _____	Account Type _____
Personal information sheet (to be filled in by Account holder / Joint A/c holder / Guardian)		
(This information keep strictly confidential.)		
Name : <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Master		

Date of Birth : _____	Pan No. _____	<i>Attach Documentary evidence Minor / Senior Citizen (above 60 years)</i>

Passport No. _____	
Issued at : _____	Date of expiry _____

MARITAL STATUS : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> No. of Childern : _____
EDUCATION <input type="checkbox"/> Non-SSC <input type="checkbox"/> SSC / HSC <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post-Graduate
<input type="checkbox"/> Self - Employed / Professional <input type="checkbox"/> Other

IF SALARIED, EMPLOYED WITH :-

<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Pvt. Ltd. Co. <input type="checkbox"/> Govt. Sector	<input type="checkbox"/> CA <input type="checkbox"/> Engineer <input type="checkbox"/> Doctor
<input type="checkbox"/> Multinational <input type="checkbox"/> Others	<input type="checkbox"/> Trader <input type="checkbox"/> Lawyer <input type="checkbox"/> Consultant
	<input type="checkbox"/> Software <input type="checkbox"/> Others
Name of the Employer _____	If in Business
	<input type="checkbox"/> Public Ltd. <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Partnership
	<input type="checkbox"/> Proprietor
GRADE : <input type="checkbox"/> Non-Management <input type="checkbox"/> Jr. Mgmt.	Monthly total family income (approx) Rs :
<input type="checkbox"/> Middle Mgmt. <input type="checkbox"/> Top Mgmt.	<input type="checkbox"/> Upto Rs. 5000 <input type="checkbox"/> 5001-10000 <input type="checkbox"/> 10001-20000
	<input type="checkbox"/> 20001-30000 <input type="checkbox"/> 30001-50000 <input type="checkbox"/> above - 50000

BANKING RELATIONS WITH OTHER BANKS :-

Name of the Bank _____	Branch _____	A/C. No. _____
Name of the Bank _____	Branch _____	A/C. No. _____
Debit / Credit Card No. Bank _____	_____	
Debit / Credit Card No. Bank _____	_____	
(16 digit card number)		