

The Kukarwada Nagarik Sahakari Bank Ltd
(Head Office, Kukarwada)

Name of Branch: _____

Banking Companies (Nomination) Rules, 1985

FORM DA 1

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

I / We..... [Name and Address (as)] nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars where of are given below, may be Returned by..... (Name & address of branch / office in which deposit is held).

| DEPOSIT | | | NOMINEE | | | | |
|-----------|--------------------|----------------------------|---------|---------|------------------------------------|-----|---|
| Nature of | Distinguishing No. | Additional details, if any | Name | Address | Relationship with depositor if any | Age | If nominee is a minor his date of birth |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2. 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 event of my/our/minor's death during the minority of the nominee.

Place: _____

Date: _____

Name(s),signature(s) and address(es)of witness(es)#

*Signature (s) / Thumb impression of depos.

+ Strike out if nominee is not 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 the minor.

* Thumb impression(s) shall be attested by two witnesses.

The Kukarwada Nagarik Sahakari Bank Ltd
(Head Office, Kukarwada)

Name of Branch: _____

FORM DA 2

Cancellation of nomination under section 45ZA of the Banking Regulation Act, 1949 and 2(5) of the Banking Companies {Nomination} Rules, 1985 in respect of back deposits I/We..... [Names(s) and address(es)] hereby cancel the nomination made by me/us in favour of(name and address)in respect of(giving details of deposit).

| DEPOSIT | | | NOMINEE | | | | |
|-----------|--------------------|----------------------------|---------|---------|------------------------------------|-----|---|
| Nature of | Distinguishing No. | Additional details, if any | Name | Address | Relationship with depositor if any | Age | If nominee is a minor his date of birth |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Place: _____

Date: _____

Name(s), Signature(s) and address(es) of witness(es)+ depositor(s)

*Signature(s)/Thumb impression(s) of

* Where deposit is made in the name of minor, the cancellation of 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.

The Kukarwada Nagarik Sahakari Bank Ltd
(Head Office, Kukarwada)

Name of Branch: _____

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)] cancel the nomination made by me/us in favour of (Name and address) 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..... (name and address of branch/office in which deposit is held).

| DEPOSIT | | | NOMINEE | | | | |
|-----------|--------------------|----------------------------|---------|---------|------------------------------------|-----|---|
| Nature of | Distinguishing No. | Additional details, if any | Name | Address | Relationship with depositor if any | Age | If nominee is a minor his date of birth |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

+2. 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.

Place: _____

Date: _____

Name(s), signature(s) and of address(es) witnesses)#

Signature(s)/Thumb Impression(s) address(es) of depositor(s)

+ Strike out if nominee is not a minor.

* Where deposit is made in the name of a minor, the variation of 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.

The Kukarwada Nagarik Sahakari Bank Ltd
(Head Office, Kukarwada)

Name of Branch: _____

FORM SL 1

Nomination under section 45ZE of the Banking Regulation Act, 1949 and Rule 4(1) of the Banking Companies (Nomination) Rules, 1985, by sole hirer in respect of safety locker.

I,.....(name and address) nominee the following person to whom in the event of my/minor death(name and address of branch/office in which the locker is situated) may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below:-

| LOCKER | | | NOMINEE | | | |
|-----------|----------------------------|----------------------------|---------|---------|----------------------------------|-----|
| Nature of | Distinguishing mark or No. | Additional details, if any | Name | Address | Relationship with hirers, if any | Age |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Place: _____

Date: _____

Name(s), signature(s) and address(es)
of witness(es)+

*Signature/Thumb impression
of hirer

*Where the locker is hired solely 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 witnesses.

The Kukarwada Nagarik Sahakari Bank Ltd
(Head Office, Kukarwada)

Name of Branch: _____

FORM SL 1A

Nomination under section 45ZE of the Banking Regulation Act, 1949 and Rule 4(2) of the Banking Companies (Nomination) Rules, 1985 by joint hirers in respect of safety locker.

I / We,(name and addresses) nominate the following person(s) to whom in the event of the death of one or more of us (Name and address of branch/office in which the locker situated) may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below, jointly with the survivor or survivors of us.

| LOCKER | | | NOMINEE(S) | | | |
|-----------|----------------------------|----------------------------|------------|---------|----------------------------------|-----|
| Nature of | Distinguishing mark or No. | Additional details, if any | Name | Address | Relationship with hirers, if any | Age |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Place: _____

Date: _____

Name(s), signature(s)
impression

*Signature/Thumb

and address(es) witness(es)*

* Thumb impression(s) shall be attested by two witnesses.

The Kukarwada Nagarik Sahakari Bank Ltd
(Head Office, Kukarwada)

Name of Branch: _____

FORM SL 2

Cancellation of nomination under sections 45ZE and 52 of the Banking Regulation At Rule 4(5) of the Banking Companies (Notification) Rules, 1985 in respect of safety lockers.

I/We, _____
[Name and address (es)]

_____ [Name and address (es)]
hereby cancel the nomination made by me/us in favour of _____

_____ [Name(s) and address(s) of nominee(s)]
In respect of the safety Lockers, the particulars whereof are given below..

| Locker | | | Nominee(s) | | | |
|----------------|-----------|----------------------------|----------------------------|---------------------------------|-----|------------------------------------|
| Type of locker | Locker No | Additional Details, if any | Name, Address & Contact No | Relationship with Hirer, if any | Age | Nominee's date of birth (if minor) |
| | | | | | | |

Place: _____

Date: _____

Name(s), Signature(s)
impression(s) and address(es) of witness(es)+

*Signature(s)/Thumb
of hirer(s)

*Where the locker is hired solely in the name of a minor, the cancellation of should be signed by a person lawfully, entitled to act on behalf of the mine + Thumb impression should be attested by two witnesses.

The Kukarwada Nagarik Sahakari Bank Ltd
(Head Office, Kukarwada)

Name of Branch: _____

FORM SL 3

Variation of nomination under sections 45ZE and 52 of Banking Regulation Act, 1949 and Rule 4(6) of the Banking Companies (Nomination) Rules, 1985 by sole hirer in respect of safety locker.

I, (name and address) cancel the nomination made by me in favour of (name and address) and hereby nominate the following person to whom in the event of my death / minor's death.....(name and address of, branch/office in which the locker is situated) may give access to the locker and liberty to remove the contents of locker, particulars whereof are given below:

| LOCKERS | | | NOMINEE(S) | | | |
|-----------|----------------------------|----------------------------|------------|---------|----------------------------------|-----|
| Nature of | Distinguishing mark or No. | Additional details, if any | Name | Address | Relationship with hirers, if any | Age |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Place: _____

Date: _____

Name(s), signature(s) *
and address(es) of witness(es)+

Signature /Thumb impression
of hirer

*Where the locker is hired solely 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 witnesses.

The Kukarwada Nagarik Sahakari Bank Ltd

(Head Office, Kukarwada)

Name of Branch: _____

FORM SL 3A

Variation of nomination under sections 45ZE and 52 of the Banking Regulation Act, 1949 and Rule 4(7) of the Banking Companies (Nomination) Rules, 1985 by joint hirers in respect of safety locker.

We,.....(names and addresses) cancel the Nomination made by us in favour of..... [Names and address (es)] and hereby nominate the following person (s) to whom in the event of the death of one or more of us, (name and address of branch/office in which the locker is situated) may give access to the locker and liberty to remove the contents of the locker, particulars whereof are given below, jointly with the survivor or survivors of us.

| LOCKERS | | | NOMINEE(S) | | | |
|-----------|----------------------------|----------------------------|------------|---------|----------------------------------|-----|
| Nature of | Distinguishing mark or No. | Additional details, if any | Name | Address | Relationship with hirers, if any | Age |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Place: _____

Date: _____

Name(s), signature(s) and address(es) witness(es)+

Signature/Thumb impression of hirers

+ Thumb impression (s) shall be attested by two witnesses.