



Nomination FORM

I / We, _____

(name(s) and address(es))

hereby 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 RAJPIPLA NAGRIK SAHAKARI BANK LTD , RAJPIPLA .

Account Details		Nominees(s)			
Nature of Account	Account No.	Name, Address & Contact No.	Relationship with Hirer, if any	Age	Nominee's date of birth (if minor)

Name & Address of Guardian (if nominee is minor) _____

Place :

Date :

Signature(s) / Thumb Impression(s) of depositor (s) *

* 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

Witness(es) with Name & Address	Signature

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ACKNOWLEDGEMENT - DA1

We acknowledge receipt of nomination made by you in favour of _____

(name, address and age of new nominee(s))

in respect of the Account No. _____.

Date :

Yours faithfully,

Signature of Bank official with seal