

18. Period - Days Month Year/s

19. Special Instructions:- Please transfer the quarterly / Monthly Normal interest to My / Our SB a/c -

No:..... or of..... with you / yourBranch

20. In the case of Institution - Account operated by:-

a. Name of the 1st Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Name of the 2nd person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Nomination

FORM DA 1

Nomination Under section 45 read with section 56 of the banking regulation Act. 1949 and rule 2(1) of the co-operative banks (Nomination) rules. 1985 in respect of the bank deposit

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

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/to returned by the Angadippuram Service Co-operative Bank Ltd.....Branch

Nature	Distinguish No.	Additional details if any	Name	Address	Relationship with depositor if any	If nominee is a minor his date of birth

As the nominee is minor on this date, I/We appoint Shri/Smt/Kum.....
.....
(name, address and age)

to receive the amount of the depositor on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

Place: _____ Signature (s) / Thumb impression (s)
Date : _____ of depositor (s)

Sir,
Please open a Savings Bank / Fixed deposit / Current account / Recurring deposit in my / Our name / firm in the books of the Bank for which I/we agree to comply with and be bound by the bank's rules for the time being in force for the conduct of such accounts (I further declare that the above furnished details are true to the best of my knowledge)

Please issue me a cheque book for opening purpose

I here by remit Rs..... for opening the account.

Place :

Date :

Signature

Documents submitted for the address proof

Office use only

Documents obtained : 1.
2.

Verified Officer