

Shree Chhani Nagrik Sahakari Bank Ltd.

Opp. Navapura, CHHANI, Vadodara.

☎ : 0265-2776100, 0265-2766028

FORM DA~2

Cancellation of nomination U/s. 45ZA read with section 56 of the Banking Regulation Act 1949 and Rule 2(5) of the Co-Op. Banks (Nomination) Rules, 1985 in respect of Bank deposits.

I/We (1) _____

(2) _____

R/o. _____

hereby cancel the nomination made by me/us in favour of _____

_____ R/o. _____

in respect of deposit A/c. No. _____ opened on _____

Bank Name : **SHREE CHHANI NAGRIK SAHAKARI BANK LTD. Chhani.**

Vide form DA 1 dated _____

Place : _____

Signature(s) Thumb impression(s)
of depositor(s)

Date : _____

1) _____

Name(s) _____

2) _____

1) _____

2) _____

Notes :-

1. Thumb impression (s) Should be attested by two witnesses.
2. For joint account this form should also be signed by all account holders jointly.
3. Where deposit is made in the name of a minor, this cancellation should be signed by a person lawfully entitled to act on behalf of the minor.

Witness(es)

Signature 1 _____

2 _____

Name _____

Address _____

CANCELLATION ACCEPTED AND NOTED

Dated _____ Nom. Reg. Entry No. _____ R.F. _____
DEPOSIT

L.F. _____ Clerk _____ Officer _____ Manager _____

Shree Chhani Nagrik Sahakari Bank Ltd.

Opp. Navapura, Chhani-391740 Dist. VADODARA

Mo.: 2776100, 2766028

FORM DA - 3

Variation of Nomination U/s. 45ZA read with section 56 of the Banking Regulation Act. 1949 and Rule 2(6) of the Co-op. Banks (Nomination) Rules, 1985 in respect of the Bank deposits.

I / We (1) _____

(2) _____

R/o. _____

cancel the nomination made by me/us in favour of _____

R/o. _____

Vide form DA-1 dated _____ and here by 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 the

Bank Name : SHREE CHHANI NAGRIK SAHAKARI BANK LTD. CHHANI.

Nature of deposit	Account No.	Amount of Deposit (Rs.)		2 Speciman Signature of the Nominee
Name & Address of the Nominee			Relationship with the depositor (s)	Age & Date of birth of Nominee

As this nominee is a minor on this date, I/We appoint Shri/Smt/Kum. _____

_____ R/o. _____

_____ aged _____

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)

1) _____

2) _____

Witness(es)

Signature(s) 1 _____

Name(s) _____

Address(es) _____

Signature(s) Thumb impression(s)
of depositor(s)

1) _____

2) _____

2 _____

Notes :-

- 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.
- Strike out whichever is not applicable.
- Thumb impression (s) Should be attested by two witnesses.
- For joint accounts this form should also be signed by all account holders jointly.

OLD NOMINATION CANCELLED & NEW ONE ADMITTED & NOTED

Nom. Reg.
cancellation

Entry No. _____ R.F. _____ Admission Entry No. _____ R.F. _____ Date _____

DEPOSIT

L.F. _____ Clerk _____ Officer _____ Manager _____