FORM DA-1

Nomination under section 45ZA the Banking Regulation Act 1949 and rule 2(1) of the Co-operative Banks (Nomination) Rules, 1985 in respect of Bank deposits.

We _____

(Name & Address)

Nominate the following person to whom in the event of My / Our / Minor's death the amount of the deposit particulars wherof are given below, may be resumed by The Malad Sahakari Bank Ltd. _____ Branch, which deposit is held.

Deposits			Nominee				
Nature of	Distinctive No.	Additional details, if any	Name	Address	Relationship with depositor, if any	Age	If Nominee is minor, his/her date of birth*

As the nominee is a minor on this date, I/We appoint

Shri / Smt. / Kum. : .....

Address : ....

..... Age : .....

Who will receive the amount on the deposit on behalf of the nominee in the event of my/our death during the minority of the nominee.

Place : _____

Date : _____

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