

V. INTRODUCTION

I know the applicant(s) personally for a period of years & confirm his/her/their address / occupation stated in the application. I recommend that the Bank may consider to open the account.

Name Mr./Mrs./M/s. _____

Address _____

Pincode

A/c Head _____

Account No. _____

SIGNATURE OF INTRODUCER _____

VI. FOR OFFICE USE

Signed before me, introducer's Signature Verified _____

PERMITTED TO OPEN ACCOUNT

Supervisor SP / Staff No. _____

Date : _____

SUPERVISOR SIGNATURE _____

MANAGER / SR. MANAGER _____

VII. NOMINATION DETAILS

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

I/We want to make a nomination

I/We do not want to make a nomination.

I/We hereby nominate the following person to whom, in the event of my / our / minor's death, the amount of the deposit, may be returned by Daivadnya Sahakara Bank Niyamit - Branch :

Nature of Deposit _____

Distinguishing No. _____

Additional details if any _____

Nominee Name _____

Age | | Years

Relationship with Applicant _____

Address _____

Pincode

(If nominee is Minor), Date of Birth _____

Guardians Name _____

Relation _____

Address _____

Pincode

Signature(s) / Thumb Impression(s) of Applicants _____

Name of Witness 1 _____

Name of Witness 2 _____

Address _____

Address _____

Signature _____

Signature _____

Place _____

Place _____

NOTE : 1. Where the deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of minor.

2. Thumb Impression(s) shall be attested by two witness.

FOR OFFICE USE

Nomination accepted and Registered vide Regn. No. _____

Date _____

For Daivadnya Sahakara Bank Niyamit

Officer / Manager's Signature _____

ACKNOWLEDGEMENT FOR NOMINATION

Nomination of Sri./Smt./Kum. _____

is Registered under No. _____ dated _____ for SB A/c No. _____

Standing In the Name of _____

Signature of Bank Official _____