

## NOMINATION

The name of the Nominee to be printed on Term Deposit Receipt/ RD Pass Book  Yes  No

**\*Nomination under section 45 ZA 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 deposits.**

I/We 1) \_\_\_\_\_, 2) \_\_\_\_\_,  
 3) \_\_\_\_\_, nominate the following person to whom the balance  
 in the account may be paid by \_\_\_\_\_ Branch of The Palghat Co-op. Urban Bank Ltd., in the  
 event of my/ our/minor's death.

Name and Address of Nominee	Age	Relationship	D.O.B. IF Nominee is a Minor*

**\*In case the Nominee is a Minor :**

As the nominee is a minor on this date, whose Date of Birth is \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ I / We appoint  
 Mr./ Mrs. \_\_\_\_\_

(Name, Address and Age) 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.

\*Witness No.1

\* Witness No. 2

Name \_\_\_\_\_ Name \_\_\_\_\_

Address : \_\_\_\_\_ Address : \_\_\_\_\_ 1. \_\_\_\_\_

\_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_ 3. \_\_\_\_\_

Signature :

Signature :

Place :

Place :

Date :

Date :

(#Signature (s) /Thumb Impression (s) of the Depositor/s)

\*Witness : If Depositor (s) is / are giving Thumb Impression.

Entered by (Clerk)

Verified by (Acctt./Manager)