

THE BARODA CITY CO OPERATIVE BANK LIMITED

Sanstha Vasahat, Raopura, Vadodara

NOMINATION FORM – DA 1

NOMINATION

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

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 deposit in the account, particulars whereof are given below, may be returned by The Baroda City Co Op Bank Ltd, _____ (Name & address of branch in which deposit is held)

DEPOSIT

Nature of Deposit	Account No	Additional details if any

PERSONAL DETAILS OF YOUR NOMINEE

Name, Address & Contact no. of nominee (USE CAPITAL LETTERS ONLY)	Relationship with Depositor, if any	Age	Date of Birth of Nominee (if minor)

* As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum _____ (name, address and age) to receive the amount of the deposit in the Account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee

Personal Details and Signature of your witness***

Name 1) _____ 2) _____
Address _____

Signature _____
Place: _____
Date: _____

Signature/*/Thumb
impression of 1st applicant

Signature/*/Thumb
impression of 2nd applicant

Signature/*/Thumb
impression of 3rd applicant

*Leave out if nominee is not a minor

** 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 minor

***Thumb impression shall be attested by 2 witnesses

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NOMINATION CANCELLATION FORM DA 2

Cancellation of nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Banking Companies (Nomination) Rules, 1985 in respect of bank deposits

I/We _____

[names(s) and address(es)] _____

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

_____ (na

me and address) in respect of Following deposits.

Nature of deposit	Account No.	Additional details if any

Personal Details and Signature of your witness***

Name 1) _____ 2) _____

Address _____

Signature _____

Place: _____

Date: _____

Signature/*/Thumb
impression of 1st applicant

Signature/*/Thumb
impression of 2nd applicant

Signature/*/Thumb
impression of 3rd applicant

** 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 minor

***Thumb impression shall be attested by 2 witnesses

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NOMINATION VARIATION FORM DA 3

Variation of nomination under section 45ZA of the Banking Regulation Act, 1949 and Rule 2(6) of the Banking Companies (Nomination) Rules, 1985 in respect of bank Deposits

I/We _____
[Names(s) and address(es) USE CAPITAL LETTER ONLY]

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

(Name, address & Contact no.)

and hereby 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 be returned by The Baroda City Co Op Bank Ltd _____
(Name & address of branch in which deposit is held).

Nature of Deposit	Account No	Additional details if any	
Name & Address of Nominee	Relationship with Depositor, if any	Age	Date of Birth of Nominee (if minor)*

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

(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

Personal Details and Signature of your witness***

Name 1) _____ 2) _____
Address _____

Signature _____
Place: _____
Date: _____

Signature/Thumb
impression of 1st applicant

Signature/Thumb
impression of 2nd applicant

Signature/Thumb
impression of 3rd applicant

*Leave out if nominee is not a minor

** 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 minor

***Thumb impression shall be attested by 2 witnesses