



**THE KALYAN JANATA
SAHAKARI BANK LTD.**
MULTI-STATE SCHEDULED BANK



Head Office: Kalyanam_astu,
Om Vijaykrishna Apt., Adharwadi,
Kalyan (W) 421-301, Maharashtra.
kalyanjanata.in @ f X KJSBank

**NOMINATION FORM DA - 1
FOR INDIVIDUAL**

Date

- -

Branch Code*

Customer ID*

**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**

Please tick (✓) the most appropriate option.

Wish to appoint nominee

Don't wish to appoint nominee

Nomination under section 45 (ZA) with section 56 of banking regulation act, 1949 & rule 2(1) of co-operative bank rules, 1985 in respect of bank deposits. I/we nominate the following person to whom in the event of my/our death, the deposit in the below mentioned account may be paid by The Kalyan Janata Sahakari Bank Ltd.

Nature of Deposit : _____ Account / Receipt No. : _____
Additional Details, if any : _____

Name of Nominee : _____
Address of Nominee : _____

Age : _____ (In case of Minor) Date of Birth : - - Relationship with Depositor : _____

As the nominee is a minor on this date, I/We appoint following person to receive the amount of the deposit on behalf of the nominee in the event of my/our death during the minority of the nominee.

Name : _____

Address : _____

Signature of Applicant

Note: If the depositor is illiterate, thumb impression should be attested by two witnesses

Name of Witnesses	Address of Witnesses	Signature of Witnesses
1. _____	_____	_____
2. _____	_____	_____

ACKNOWLEDGEMENT

We hereby acknowledge the receipt of your Nomination Form DA-1 for the following account:

Depositor's Name: _____

Account Type: _____ Account Number: _____

Nominee's Name: _____ Relationship with Depositor: _____

Date of Receipt of Nomination: _____

Signature of Bank Official: with Branch Seal

FOR BRANCH USE

Above applicant is appeared and signed before me and hereby confirm that identity of the applicant is verified on the basis of OVD. All the fields in system have been correctly entered and confirmed that the applicant's name doesn't match with the negative list provided by RBI. The said application will be sent to HODC - CPC for the purpose of maintaining records.

Branch Name : _____

Date :

D	D	-	M	M	-	Y	Y	Y	Y
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Details of Maker	Employee ID	Employee Name	Signature
Details of Checker	Employee ID	Employee Name	Signature with Stamp