Alavi Bank

NOMINATION FORM DA-1

Nomination under section 45Z A of the Banking Regulation Act,1949, and rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of Bank deposits.

I/We_____ residing at_____
_____ 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 **Alavi Co-operative Bank Ltd.**,_____Branch.

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

My/our Name and Address is/are as given below.

Sr. No.	Name	Address/Tele/Mobile No.	Type of Account and Number	Receipt Number
1				
2				
3				
4				

Particulars related to Nominee

Nominee Name and Address	Relationship with Depositor	Age	If nominee is a minor, Date of Birth

Sign of Witness No.1_____ Sign of Witness No.2_____

Name_____ Name_____

Address_____ Adress_____

_____ _____

Where the account is in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. Thumb impression(s) must be attested by two witnesses.

Place :
Date :

Sign. Of Account Holder/Thumb impression

1

2

Nomination Registered No.

3

4

Sign. Of Branch Official

Nominee Name Registered Date :