

The General Manager,
Shri D. T. Patil Co-Operative Bank Ltd.,
Chikodi,

A/c. No.

Dear Sir,

Being desirous of opening a _____ deposit account with your
Bank. I/We hand you Rs. _____
(_____)

I/We agree to comply with and be bound by the Bank's Rules governing such
account from time to time.

Full Name _____

Occupation _____

Address _____

Operational Instructions _____

Introduced by

Your's faithfully,

Shri _____

Address _____

Signature _____

Chikodi.

Account Opened

Date _____

Sr. Asst. / Accountant / Gen. Manager.

FORM - DA I

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 _____

At Post: _____

nominate the following person to whom in the event of my / our minor's death, the amount of the deposit particulars where of are given below, returned by

Shri D. T. Patil Co-Operative. Bank Ltd., Chikodi,

Nature of Deposit _____ Distinguishing No. _____

Additional Details, if any _____

Name of the Nominee _____ Age _____

Address _____

Relationship with depositor if any _____

If nominee is a minor, his / her date of birth _____

2 As the nominee is a minor on this date. I / We appoint Shri / smt / Kum. _____

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

Place: _____

Date: _____

Signature (S) / Thumb impression (s)
of depositor (s)

Name (s), Sigunature(s) and address (es) of Witness(es)

Received on : _____

Entered in nomination Reg. on page No. _____ on _____

Sr. No. _____

Ledger Keeper.

Sr. Asst. / Accountant/Gen.Manager.