The Meenachil Taluk Co-op: Employees' Co-op: Society

Ltd., No. K. 665, PALA

ACCOUNT NUMBER

Date.....

Dear Sirs,

Please open a Current / Savings / Fixed Deposit / Athulya Certificate / Short Notice / Cash Certificate ..... / Account in my name / our names in the books of the Bank for Credit of which I / We hand you Rs. ..... I/We agree to comply with and be bounded by Societie's rules for the time being in force for the conduct of such accounts.

The account will be operated by ..... and in the event of the decease of any of us the balance at credit of the account will be payable to the survivor or survivors.

Be good enough to furnish a pass book and a cheque book and note My / our signature as under.

Be good enough to issue a Fixed / Short Notice deposit Receipt for Rs.....for.....$\frac{\text{Month at}}{\text{Years}}$..... % per annum
Days Notice

Full Name/s .....

Occupation .....

Address .....

.....
(Signature)

Name of Account .....

Signed by .....

Specimen Signature 1) .....

2) .....

3) .....

Introduced by ..... A/c No.....

Secretary / Asst. Secretary/ Manager

The Meenachil Taluk Co-op: Employees' Co-op: Society

Ltd., No. K. 665, PALA

FORM DA 1

Nomination under Section 45 ZA read with section 59 of the
Banking Regulation Act 1949 and Rule 2[1] of the Co-operative Banks
[Nomination] Rules 1985 in respect of the bank deposit.

I.....

.....

We ..... (name(s) and address (es) of Depositors) 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 may be return by the Meenachil Taluk Co-operative Employees' Co-operative Society Ltd; No. K. 665, Pala.

.....

Nature of A/c

Distinguishing No.

Additional details if any

Name & Address of the nominee

Relationship with depositor if any

If nominee is a minor his Age & Date of birth

2. 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.

Place :

Date :

Signature (s) Thumb Impression (s) of depositor (s)

Name (s) Signature (s) and address (es) of witness (es)

@

H Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor,

£ Strike out if nominee is not minor.

@ Thumb Impression (s) shall be attested by two witness.