



Form No. 0200

A & N STATE CO-OPERATIVE BANK LTD.

H.O. PORT BLAIR

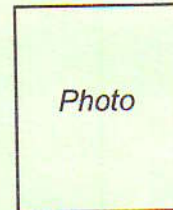
To Date of opening.....
The Branch Manager
A & N State Co-operative Bank Ltd.
.....Branch Date of maturity.....

Sub:- Day Deposit Opening Form

Dear Sir,
DAY DEPOSIT FOR DAYS AT Rs.....PER DAY

I desire to be a Depositor under your above Day Deposit Scheme as per rules and regulations of the Bank. I have this day paid Rsas the initial deposit. The same may kindly be accepted and I may be enrolled as a subscriber. On maturity the amount shall be repaid to me / the minorOn his attaining the age of Majority / Myself as guardian of the minor.

Name.....
Phone.....
Address.....
Age.....



Depositor's Specimen Signature

1.
2.

DD Collector

(For Office use only)

ADMITTED / REFUSED

Accountant / Branch Manager

Account No.....Ledger Folio.....Indexed by.....

- Note: 1. Commission paid to the DDC agent will be deducted @ 2% from DD Account if the Account is closed before Maturity.
2. DD Account holder shall verify the balance with his Coupon / Pass Book from the Bank once in a month. Any claim after one month will not be entertained by Bank

P.T.O.

FORM DA - 1

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 _____

[Name(s) and Address(es)]

Nominate the following person to who in the event of my / our minor's death, the amount of the deposit, participating where of are given below, may be returned by.....

.....
 (Name and address of branch office, in which deposit is held)

Nature of Distinguishing No.	Details if any / Additional Name	Address	Relationship with depositor if any	Age	If nominee is a minor his date of birth

*2 As the nominee is a minor on this date, I/We appoint
 Shri / Smti /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

Name(s), Signature(s) and Address(es) of witness(es) @ _____ Branch Manager

*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 of nominees is not a minor
 @ thump impression(s) shall be attested by two witnesses.