

A & N State Co-Op. Bank Ltd.

98, Maulana Azad Road, Port Blair

Opening of Deposit A/c s other than SB and CA. (Application only for Customer ID Holder)

1.	Name	÷.,					
2.	Address	· •					
3.	A/c Operated by	the state of the					
4.	Period (years/month/days)	u dank U	vic Iv A.8 M State CoiOperate				
5.	Amount to be invested						
6.	Type of A/c	:					
7.	Date effected from	:					
8.	Date of Birth of Depositor	:					
9.	Savings / Current A/c No.	:					
10.	PAN No.	:					
11.	Previous A/c No. if any (in case of renewal)	dutanoite					
12.	Previous Certificate No.	:					
			Sig	gnature of the ap	oplicant		
			2. As the nomines a minor on this data. I/ We appoint Bind / Sent / Kun 1)				
			2) Name in Capital Letter				
		E	or Office use only	onit (vo sièlle) ee	mitority or the nontrol		
New A/c No ID No.		0.	Date of Renewal / Opening		Dt. of Maturity		
Amo	ount M.Va	alue etenu vd borgia	Rt. No. Rate o	f Int. The line (c) D eman still al aba colla ed liene (c)n	Nomination Register No.		
Deal	ing Assistant:		Accountant	В	ranch Manager		

Nomination

Nomination under section 45 ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies Act 1965 in respect of bank deposits.

I/We

(Name & Address)

DEPOSIT

Nature of	Distinguishing Account No.	Additional details, if any	
/		mont bolto a te tital	
		infrance. The rest in the	

NOMINEE

Name	Address	Relationship	Age	If nominee is a minor, his/her date of birth
a la compañía				
			0	2. Previous Centricateur

2. As the nominee is 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. (strike out, if nominee is not a minor)

Place:

Date:

Name (s), Signature(s) and address (es) of witness@ Signature(s) Thumb impression(s) of depositor(s)*

*where deposit is made in the name of minor, the nominee should be signed by person lawfully entitled to act on behalf of the minor.

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

Form DA 1