

## Vidyasagar Central Co-operative Bank Ltd. Midnapore

To  
The Branch Manager, \_\_\_\_\_ Branch.  
Sir,

I/we request you to open a Recurring /Spl. F.D./ F.D/MIS Deposit Account for a period of (\_\_\_\_\_) days / months / years in my / our name (s) with the amount of Rs. \_\_\_\_\_ as monthly / one time deposit with your Branch. The said A/c will be operated by \_\_\_\_\_ and in the event of my / our death the balance of credit of the A/c will be payable to the nominee / survivor(s), as the case may be. Please arrange for transfer of its monthly / quarterly interest to S.B. A/c No. \_\_\_\_\_ lying with you.  
Yours Faithfully.

Strike out, if not applicable

(Full Signature of depositor/s)

Particulars of Depositors		Date of opening _____	
Name _____		Nature of A/c _____	
Wife / son / daughter of _____		A/c No. _____	
Address _____			
PIN _____ PAN _____ Tel. No. _____			
SPECIMEN SIGNATURE		Recent Photo	Recent Photo
A/c No. SB / C.D. _____			
Tel. No. _____ Sign of Introducer			

Authenticated

Signature of the Authorised Officer with date

## Form DA-1 Nomination Form

(For Individual / Sole proprietor concern only)

Nomination under section 45ZA 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 whom in the event of my / our / minor's death, the amount of the deposit, particulars where of are given below may be returned by VCC Bank Ltd. Midnapur \_\_\_\_\_ Branch.

Deposit			Nominee		
Nature of	Distinguishing No	Additional Details, if any	Name & Address	Age	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. / Kumari \_\_\_\_\_ (Name, Address, and age) to receive the amount of the deposit on behalf of the nominee in the event of my / our / minors death during the minority of the nominee.

Name (s), signature (s), and address of witness (es)		Signature / Thumb impression (s) of Depositor (s)	
Place-	Date-	Place-	Date-

1. Strike out if the nominee is not a minor. 2. 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. 3. Thumb impression (s) shall be witnessed by two witnesses.