

MODE OF OPERATION Account will be operated by : Self Either or Survivor Former or Survivor
 Jointly or Survivor Minor by Guardian Any one of us or any one of the Survivor or the last Survivor
 Any other instruction _____ Thumb Impression Left Right
 Type of Account _____

DECLARATION BY GUARDIAN IN CASE OF MINOR APPLICANT

If Minor (Details) : Minor Name _____
 Date of Birth (Minor) :

D	D	M	M	Y	Y	Y	Y
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 (Minor's Birth Certificate is mandatory)
 Guardian's Name : _____
 Guardian's Address _____
 Relation with Guardian : _____

I hereby declare that I am natural guardian / legal guardian appointed by the court order (copy enclosed) of _____ and I indemnify for all further transaction made by in his / her A/c until the said minor attains majority

Signature of Guardian

NOMINATION FORM - DA - 1

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 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 deposit (particulars whereof are given below) may be returned by _____ (Name and address of branch / office in which deposit is held)

Deposit			Nominee				
Nature of	Distinguishing No.	Additional details, if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor, his date of Birth

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. _____ (Name, Address & 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. _____

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

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

1. Strike out if 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 attested by two witnesses.

FOR BRANCH USE ONLY

Particulars	Name	Date	Officer Signature & Code No
1. Information entered in the system by			
2. Entered Information verified by			

Risk Category : Low Medium High
Allowed to open Account Yes No Recommended to give SSB ATM-cum-Debit
Date

Verified All Documents

Officer Name _____

Code No. _____

Signature of Branch Manager / Assistant Manager (with seal)

Note : * The Deposits of the Bank are insured with DICGC upto Rupees Five Lakh.
* The Bank reserves the right to suspend all the services of the Account without prior notice or without assigning any reason.



SHIKSHAK SAHAKARI BANK LTD.

(SCHEDULED BANK)

Branch _____ Branch Code _____

RTGS / NEFT च्या व्यवहारासाठी
IFSC Code - SKSB 0000002

Acknowledgment

Received the application from Mr/Ms/Smt _____
For opening of saving bank account.

Acknowledgment - DA 1

We acknowledge receipt of nomination made by you in favour of :

Name of the nominee _____ Age: _____ years.

with respect to your A/c Nos. _____ Yours faithfully,

Date _____

Signature of bank official with seal