

D. NOMINATION DETAILS

Nomination under Sec. 45ZA, 45ZB & 45ZG read with Section 56 of the Banking Regulation Act 1949 and Nomination Rules of the Co-operative Banks (Nomination) Rule 1985, in respect of Bank deposits.

I/We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) in respect of the particulars above mentioned in the event of my/ our death:

I/We do not wish to print nominee name on my/our Passbook, Statement of Accounts and deposit confirmation advice.

Nomination Type Simultaneous Nomination Successive Nomination

Sr. no.	Name of Nominee	Address	Email/Mobile number, if any.	Relationship with customer, if any	Age	Order of priority in case of successive nomination	#Proportion of amount of deposit in percentage in case of bank deposit
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
1						First Nominee	
2						Second Nominee	
3						Third Nominee	
4						Fourth Nominee	

#Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.

Guardian Details (if any nominee is a minor)

Sr. no.	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email/Mobile number of guardian, if any.
1					
2					
3					
4					

OR

I/We the undersigned do not wish to make nomination in my/our aforesaid A/c.

Place :

Date :

**Signature(s) of Depositors

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

Nomination Registration No.

Signature of Account Holder/s

E. MODE OF OPERATION Account will be operated by

Proprietor Any one Partner Either or Survivor Any one or Survivor Former or Survivor Power of Attorney Karta of HUF
 Jointly As per Resolution Jointly or Survivor Other (Please Specify)

I / We agree to abide by existing Rules, Terms and Conditions of all schemes / accounts and facilities enumerated in the Deposit policy given on website www.saraswat.bank.in and changed from time to time.

Signature/s

(For Office Use Only)

Date : <input type="text"/>	A/C to be opened at Branch Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Branch <input type="text"/>
DEPOSIT DETAILS		
Payment by <input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Digital Mode <input type="checkbox"/> Cheque No. <input type="text"/>	Date: <input type="text"/>	
Drawn on <input type="text"/>	Bank <input type="text"/>	Branch <input type="text"/>
<input type="checkbox"/> Debit existing SB/CA/OD A/C No. <input type="text"/>		Deposit Amount ₹ <input type="text"/>

DECLARATION BY THE BRANCH : I hereby certify that this account opening form is complete in all respects and relevant documents have been obtained. The Account may please be opened. (This information must be filled-up by the branch before sending AOF for processing)

Name: <input type="text"/>	EMR No. <input type="text"/>
Round seal of Branch <input type="text"/>	Date : <input type="text"/>

Saraswat Co-op. Bank Ltd.

Branch Head / Authorised Signatory
In person verification carried out and signature/LHTI/RHTI of the applicant verified

