

JOINT DECLARATION

We jointly agree and authorize THE CALICUT CO-OPERATIVE URBAN BANK Ltd to permit premature withdrawals of the Deposit by survivor/s in the event of the death of any of the deposit holder/s before maturity.

	Applicant 1	Applicant 2	Applicant 3
Name	_____	_____	_____
Signature	_____	_____	_____

I/We agree to be bound by all Rules and Regulations of the bank governing the accounts from time to time.

Applicant 1.	<input type="text"/>	Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant 2.	<input type="text"/>	Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant 3.	<input type="text"/>	Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>

Nomination Required Yes No (If yes, please specify the details in Form DA 1) If nomination not required, please sign the following declaration I/We hereby declare that I/We am/ are not interested to appoint nominee for the deposit.

Applicant 1. **Applicant 2.** **Applicant 3.**

NOMINATION FORM

FORM DA 1

CUSTOMER DECLARATION

Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of the bank deposits.

I/We [Name(s)] _____ Address (es) _____

nominate the following person to whom in the event of may / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by The Calicut Co-operative Urban Bank Ltd, [Branch Name & Address] _____

DEPOSIT & NOMINEE DETAILS

Nature of Deposit	Distinguishing No.	Additional Details if any	Name & Address	Relationship With depositor, if any	Age, if nominee is a minor his/ her Date of Birth

* As the nominee is a minor on this date, I/we appoint Mr./Ms./Mrs./Mx. [Name] _____ [Age] _____ Relationship _____ [Address] _____

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.

SIGNATURE(S)

Signature(S)/Thumb Impression(s) of Depositor(s)	Signature(S)/Thumb Impression(s) of Depositor(s)	Signature(S)/Thumb Impression(s) of Depositor(s)
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WITNESS(ES)

Name : 1. _____ **2.** _____
Address _____

Signatures : _____

- * Strike out if nominee is not a minor
- * Where deposit is made / account is held in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor
- # Thumb impression(s) shall be attested by two witnesses

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