

C) Nomination

I/ We
 nominate the following person to whom in the event of my/our's death

NOMINEE				
Name	Address	Relationship with depositor, if any	Age	Date of birth

D) Applicant's Details

- Name in Full (Mr. /Ms.)
- Father/Husband/Guardian Name
- Address
- Phone Number (Res.) (Mobile)
- E-mail ID

I, we _____, do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the _____ day of _____, _____

Date: _____ Place: _____

 Signature/s

FOR OFFICIAL USE ONLY

1) Head:- **Other Payable Account**

S.N. _____

3) Head:- **Ordinary Share**

S.N. _____

2) Head:- **Preference Share account**

S.N. _____

4) Head:- **Fixed/Security Deposit**

S.N. _____

 Checked By

 Verified By

 Approved By