



.....A/c. No. ....

# The Kannur Dist. Ex-Servicemen Multi-Purpose Co-operative Society

LTD; No. C. 1009, Payangadi, P.O. Payangadi R.S. , Kannur.

## APPLICATION FOR CURRENT / SAVINGS BANK A/c

Sir,

I / We desire to open a Current / Savings Bank A/c in your society. If allowed I / We bind myself / ourself abide by the bye-laws and rules of the society. Please accept this application as under.

Name : .....Male/Female

Father's Name : .....

Address : .....

Telephone No. : .....

Date of Birth : .....

Caste : .....

Yours faithfully

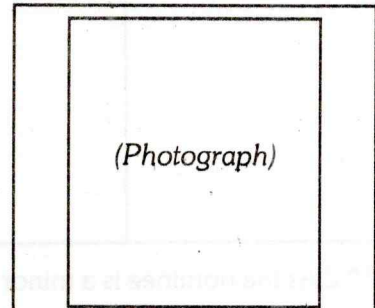
Place : .....

Date : .....

Special Instruction if any

.....  
.....  
.....

Name & Signature



Specimen Signature

Specimen Signature

Specimen Signature

### INTRODUCTION

I know the applicant(s) personally for a period of..... years and confirm his / her / their address stated in the application. I recommend that the Society may consider to open the account

Name & Signature of the Introducer.....

Address.....

Introducer signed before me. Introducer's sign verified.  
Permitted to open Account

FOR OFFICE USE

Manager / Secretary



# The Kannur Dist. Ex-Servicemen Multi-Purpose Co-operative Society

LTD; No. C. 1009, Payangadi, P.O. Payangadi R.S. , Kannur.

## FORM DA1

Nomination under section 45 ZA 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 deposit, particulars whereof are given below, may be returned by THE KANNUR DISTRICT EX-SERVICEMEN MULTIPURPOSE CO-OPERATIVE SOCIETY LTD.

DEPOSIT		NOMINEE		
Nature and Distinguishing No.	Name & Address of the Nominee	Relationship with depositor, if any	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. / Kum. ....

(Name, address and 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) &  
Address (es) of witness (es)

\* Signature (s) Thumb impression (s)  
of the depositor (s)

\* 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.

\*\* Strike out if nominee is not a minor

\*\*\* Thumb impression (s) shall be attested by two witnesses.