



THE ADARSH COOPERATIVE URBAN BANK LIMITED

Branch Name and Branch Code: _____

Date: _____

FORM DA 2 (DEPOSITS- CANCELLATION)

Cancellation of Nomination under Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(5) of the Co-operative Banks (Nomination) Rules, 1985 in respect of Co-operative Bank Deposits

I / We

Name/s	Address/es

hereby cancel the nomination made by me/us in favour of: **(Successive/Simultaneous Nomination)**

Details of Nominee in respect of deposit accounts mentioned

Name/s	Address/es

Details of the Deposit Account

Nature of the Account	Account Number	Additional Details if any

Place:

Date:

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

Witnesses: **

1. Signature Name: Address: Place: Date:	2. Signature Name: Address: Place: Date:
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* Where deposit is made in the name of a minor, the cancellation of 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.

Acknowledgment

I/We acknowledge the receipt of customer modification instruction pertaining to cancellation of nominee from Mr./Mrs. _____ relating to customer ID _____ under service request number _____

Date: _____

Bank Official
For The Adarsh Cooperative Urban Bank Ltd