

FORM DA - 1 NOMINATION FORM

Nomination under section 45ZA to 45ZF of the Banking Regulation Act, 1949 and 2(i) of the Banking Companies (Nomination) Rules 1965 in respect of Bank deposits.

I/We

Address

Nominate the following person to whom in the event of my/our/minor's death the amount of the deposit may be returned by the Ahmedabad Mercantile Co-op. Bank Ltd., Branch

Nominee				
Name	Address	Relationship with Depositor, if any	Age	If Nominee is a minor, her/his Date of Birth

As the nominee is a minor on this date, I/We appoint

Shri/Smt./Kum.

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.

Place : <input type="text"/>	Signature : <input type="text"/>
Date : <input type="text"/>	Signature : <input type="text"/>
Witness 1 : <input type="text"/>	Witness 2 : <input type="text"/>
Address : <input type="text"/>	Address : <input type="text"/>
Address : <input type="text"/>	Address : <input type="text"/>
Sign. <input type="text"/>	Sign. <input type="text"/>

To be obtained if Applicable FORM NO. 60	To be obtained if Applicable FORM NO. 61
<p>(See third proviso to rule 114B)</p> <p>Form of declaration to be filled in by a person who does not have a Permanent Account Number and who enters into any transaction specified in rule 114B</p> <ol style="list-style-type: none"> 1. Full name and address of the declarant 2. Particulars of transaction 3. Amount of transaction 4. Are you assessed to tax? Yes/No 5. If yes, <ol style="list-style-type: none"> (i) Details of Ward / Circle / Range where the last return of Income was filed? (ii) Reasons for not having Permanent Account Number / General Index Register Number? 6. Details of the document being produced in support of address in column (1)* Verification <p style="margin-left: 40px;">I, do hereby declare that what is stated above is true to the best of my knowledge and belief.</p> <p>Verified today, the day of 20</p> <p>Date : Place : Signature of the declarant</p>	<p>[See proviso to clause (a) of rule 114C (1)]</p> <p>Form of Declaration to be filled in by a person who has agricultural income and is not in receipt of any other income chargeable to Income Tax in respect of transactions specified on clauses (a) to (h) of rule 114B</p> <ol style="list-style-type: none"> 1. Full name and address of the declarant 2. Particulars of transaction 3. Details of documents being produced in support of address in column (1) Yes/ No. <p>I hereby declare that my source of income is from agriculture and I am not required to pay Income Tax on any other income, if any.</p> <p>Date :</p> <p>Place : Signature of the declarant</p> <p>*Verification</p> <p>I, do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the day of 20</p> <p>Date : Place : Signature of the declarant</p>

Customer Profile Form

Customer ID

I PERSONAL DETAILS :

Full Name :

Father / Husband's Name :

Spouse Name : Occupation :

Religion : Caste :

Sp. Category : SC ST MINORITY GENERAL

Marital Status : Married Single

No. of Dependents : Spouse Children Parents None

Educational Qualification : Undergraduate Graduate Post Graduate
 Doctorate Professional Other

II EMPLOYMENT DETAILS :

Occupation	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Business	<input type="checkbox"/> Student
	<input type="checkbox"/> Retired	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Other
Profession	<input type="checkbox"/> Doctor	<input type="checkbox"/> Finance	<input type="checkbox"/> Engineer	<input type="checkbox"/> Architect
	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Journalist	<input type="checkbox"/> Consultant	<input type="checkbox"/> Healthcare
	<input type="checkbox"/> IT Prof.			
Business	<input type="checkbox"/> Trader	<input type="checkbox"/> Export	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Service Sector
	<input type="checkbox"/> Retailer	<input type="checkbox"/> Import	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other (Specify)
Employed	<input type="checkbox"/> Public/Pvt. Ltd. Co.	<input type="checkbox"/> Govt. Sector	<input type="checkbox"/> Multinational	<input type="checkbox"/> Other
Designation	<input type="text"/>		No. of year in service with present employer	<input type="text"/>
Employer's Name and full address	<input type="text"/>			
	<input type="text"/>			
	Telephone : <input type="text"/>			

III INCOME DETAILS :

MONTHLY INCOME (IF SALARIED)

Upto 5000 5001-10,000 10,001-25,000 Above Rs. 25,000

Estimated Annual Income From The Business / Profession / Occupation	R.s.	<input type="text"/>	p.a.
Other Income if any	R.s.	<input type="text"/>	p.a.

IV ASSET OWNED / POSSESSED :

Residence Ancestral Self Acquired Purchased on Loan
 Rented Company Provided

Vehicles owned : No of cars No of Two Wheelers

V Do you have any Account in any of the our branches ? if so, please give details :

	Customer ID	Name of the Branch (es)	Account Number (s)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> SAVINGS BANK <input type="checkbox"/> RECURRING DEPOSIT <input type="checkbox"/> TERM DEPOSIT		<input type="text"/>
	<i>Signature</i>		

