

# NOMINATION FORM

To,

**The Secretary,**

**The Ganga Kaveri Co-operative (U) T/C Society Ltd.**

BG-6/202B, Maa Lakshmi

Appartments,PaschimVihar

I Mr/Mrs..... S/o....., nominate the following person/s to whom, in the event of my death the amount of deposit in my account particulars whereof are given below may be returned by The Ganga Kaveri Co-operative (U) T/C Society Ltd.

## DEPOSIT

| Nature of Deposit | Distinguishing No. | Additional details if any |
|-------------------|--------------------|---------------------------|
|-------------------|--------------------|---------------------------|

## NOMINATION

\_\_\_\_\_  
Addresses)\_\_\_\_\_ (Relationship with Depositor, if any) Age If nominee is a minor his date of birth \_\_\_\_\_ as the nominee is a minor on this date, I appoint \_\_\_\_\_ (Name & Address) \_\_\_\_\_ (Age) receive the amount of the deposit in the account on behalf of the nominee in the event of my death during the minority of the nominee

Signature of Depositor/Member \_\_\_\_\_

Name of Depositor/Member :

Membership No :

Signature of Witness : \_\_\_\_\_

Name Of Witness : \_\_\_\_\_

Address of Witness : \_\_\_\_\_

Place :

Date :