NOMINATION FORM DAI

I / We			
			the event of my/our/minor's death the amount of
			may be returned by Mundaje Multi-Purpose Primar
	_		Branch,574228.
	sit A/c No.		
Name of the Nominee			
IName	Of the Norminee		
Relationship with Depositor			
If nom	inee is a Minor his/her Da	te of Birth	
Addre	ss of Nominee		
Λο the		dota I/Ma	annoint Cui / Cont
			e appoint, Sri / Smt
			h during the minority of the nominee.
Date :			
Place :			
		Sigr	nature (s)/ Thumb Impression(s) of Depositor(s)
Witness :			
	Signature:		
	Name :		
	Address :		